

Employee Benefits Division

Health & Life Insurance

Enrollment Guide 2005

Arkansas State Retirees



Enrollment Forms & Rate Information Inside!

Please keep as a reference throughout the 2005 Plan Year.

Web: <http://www.state.ar.us/dfa/ebd> | Email: AskEBD@dfa.state.ar.us

Tell Me What I Need To Know

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STATE OF ARKANSAS
**Department of Finance
and Administration**

EMPLOYEE BENEFITS DIVISION

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Post Office Box 15610
Little Rock, Arkansas 72231-5610
Phone: (501) 682-9656
Toll Free: (877) 815-1017
Fax: (501) 682-1168
<http://www.arkansas.gov/dfa/ebd>

August 9, 2004

Dear State Retirees:

Once again it is time to make choices regarding your health insurance coverage. I am sure the first thing you will do is turn to the rate section of this booklet to see how much the rates have increased this year. The costs for health insurance for all Americans have continued to see double digit inflationary trends. Insurance companies and risk managers across the nation are looking at ways to address the current health care crisis, and the State and Public School Employees Life and Health Insurance Board (the Board) is no exception.

If you are on the BlueCross PPO plan you will note that the premium is between 33% and 67% higher than the lowest cost HMO plan. There are only a few retirees in this PPO plan; most retirees are in an HMO plan. The fewer the number of members in a plan, the greater the cost to each member. Consider this: If you frequently use the same physicians and the same hospital, why not consider looking into the HMO or POS plan with the companies that have those physicians and hospitals in their network? If you do, you will save a great deal of money and reap equivalent benefits.

For Medicare-primary retirees, it does not matter which plan you are on. The state plans will coordinate benefits with Medicare. That means that if your physician accepts Medicare assignment, we will pay the 20%, regardless of whether they are in the network or not. So why pay the higher premiums? All you need to do is to select a primary care physician (PCP) and select either an HMO or a POS plan. It does not matter if you are in-state or out-of-state. You must designate a PCP, even if you use other doctors for your care, or the claims will not pay correctly.

This year, you are experiencing a premium increase AGAIN. However, the Board has approved adding an additional \$12 million from the Trust Fund Reserve to maintain the contribution toward offsetting retirees's health insurance premiums. Everything I read indicates the trends are running at a 14% (medical) and a 14.4% (Rx drugs) increase for 2004-2005. Your plan is just under the national average at an overall 13.9% increase. For the first time, your plan will pay out more than \$200 million a year in claims and administration fees. Every year hundreds of employees and retirees call EBD and their agency insurance representative asking, "Why do the premiums continue to increase?" The following are the major factors in group insurance rate determination:

- **Price Inflation** - the increased cost of health care services
- **Utilization** - the number of claims the Plan pays each year and the associated cost
- **New Technology** - introduction of new technology to the medical field and the associated cost

- **Prescription Drug Costs** - increased patient demand for drugs; introduction of new and expensive drugs; efforts by drug manufacturers to increase their market share by direct to consumer advertising; bio-tech drugs (these are wonderful new drugs; however, they are very expensive).
- **Aging population** - the average age of the state health plan participants is over 45. Have you ever discussed why someone working for another employer pays insurance rates less than yours when they are with the same insurance carrier? One of the reasons is age. As we age we develop chronic conditions that are very expensive to treat. The other groups are likely younger and their utilization is not nearly as high as your plan's utilization. We also cover our retirees whereas most private employers do not.

All these reasons directly relate to the increased costs you see reflected in your insurance rates.

Please take note of a new section in this booklet about the enhanced Preventative Care Benefit that has eliminated the front-end co-pays and deductibles for preventative care services no matter what plan you select. The Board, EBD and our health plan vendors are working in conjunction with Governor Huckabee's Healthy Arkansas initiative and hope you will take advantage of preventative health care options. The goal is to identify potential health problems before they become chronic expensive conditions. The Board hopes this will result in a healthier population and reduced costs.

Sincerely,

A handwritten signature in black ink that reads "Sharon Dickerson". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Sharon Dickerson
Executive Director, Employee Benefits Division

Are There Any Plan Changes?

YES! Please see summary below...and look for more details inside!

- ◆ New health plan and vendor options. In addition to the health plan vendors and plans that you've had in years past, you now have new options.

NovaSys Health, an Arkansas based health plan administrator, is an additional choice for HMO, POS and PPO plans. Also, NovaSys Health, in partnership with Arkansas based DataPath Administrative Services (DPAS), will offer a Health Savings Account PPO plan (HSA PPO) with a high deductible. This plan is designed for the active employees and usually not available for retirees over the age of 65.
- ◆ The open enrollment period will begin on October 1st and end on October 31st. Your enrollment changes, declinations, or additions will be effective on January 1, 2005. Please send these forms to EBD post marked by 10/31/2004.
- ◆ Online enrollment is available through self registration. You can complete your enrollment forms on-line quickly, securely and easily. See additional details in this manual.
- ◆ New Prescription Drug Benefits administrator, National Medical Health Card (NMHC Rx), will replace AdvancePCS as the Pharmacy Benefits Administrator for your health plan effective **October 1, 2004**. You will receive a new prescription card but your prior prescription history will be transitioned to NMHC Rx. Co-payments will remain the same: \$10 Generic, \$25 Preferred/Formulary, and \$50 Non-Preferred/Non-Formulary.
- ◆ Enhanced preventative care benefits to include FREE annual examinations starting January 1, 2005. No co-pays or deductibles to meet. Please see additional details in this manual. If you are Medicare Primary, this benefit will be paid by Medicare first, but you will not have any out-of-pocket expense.



STATE OF ARKANSAS
Department of Finance and Administration
Employee Benefits Division

The mission of the Employee Benefits Division is to manage the group health and life insurance programs and other select benefit programs for active and retired state and school employees; and to build quality programs that operate in an efficient and effective manner to ensure responsive customer service, promote product education, affordability and accessibility.



Who Is EBD ?

Employees and Job Titles

ADMINISTRATION	
Sharon Dickerson	Executive Director
Doris Williams	Administrative Assistant
ACCOUNTING	
Leigh Ann Chrouch	Chief Fiscal Officer
Amy Tustison	Accounting Supervisor
Judy Everett	Accounts Receivable Supervisor
Gloria Lovelace	Cash Management & Reconciliation Specialist
Derek Brooks	Cash Management & Reconciliation Specialist
Wayne Woolfolk	Cash Management & Reconciliation Specialist
Margaret Bryant	Cash Receipts & Billing Specialist
Shana Cotton	COBRA Specialist
Sherri Rattenbury	Accounts Payable Specialist
Rose Bethley	Accounts Payable Supervisor
COMMUNICATIONS	
Ashli Davis	Communications Director
Pat Minyard	Administrative Assistant
Tracy Spears	Receptionist
HEALTH & MEMBER SERVICES	
Susan Bumpas, RN	Health and Member Services Manager
Gail Cliff	Supervisor
Kathy Johnson	Senior Member Advocate / Insurance Investigator
Laurie Fowler	Senior Member Advocate
Janisa Hooks	Member Advocate
Mary Ann Jones	Member Advocate
OPERATIONS	
George Platt	Operations Manager
Donna Cook	Technical Coordinator
Erica Harris	Benefits Specialist
Sherry Bryant	Pharmacy Coordinator
Andy Cains	Technical Specialist
Stella Greene	Benefits Administration Coordinator
Paige Harrington	Media Technician
Mandy Manosittisak	Technical Specialist
Kristy Smith	Benefits Specialist
PRIVACY/SECURITY	
Bob Sterling	Privacy/Security Officer
Vito Chiechi	HIPAA Advocate / Member Advocate
RETIREMENT	
Louise Mann	Retirement Manager
Lisa Weathers	Benefits Specialist (State and School Retirees)
Dorothy Shearer	Benefits Specialist (State and School Retirees)

Who Can Help Me?

Carrier Contact Information

HEALTH INSURANCE CARRIERS

Arkansas Blue Cross & Blue Shield (offers PPO Plan)

P. O. Box 2181

Little Rock, AR 72203

Toll Free (800) 482-8416

E-mail customerserviceASE@arkbluecross.com

Web site address: www.arkbluecross.com

Health Advantage (offers HMO and POS plans)

P. O. Box 8069

Little Rock, AR 72203

Toll Free (800) 482-8416

E-mail customerserviceASE@arkbluecross.com

Web site address www.healthadvantage-hmo.com

NovaSys Health (offers HMO, POS, PPO and HSA PPO plans)

P. O. Box 25230

Little Rock, Arkansas 72221

Local Office (501) 975-4853

Toll Free (800) 294-3557

Web site address www.novasyshealth.com

E-mail arkansasstateemployees@novasyshealth.com

QualChoice/QCA (offers HMO and POS plans)

10825 Financial Centre Parkway, Suite 400

Little Rock, AR 72211

Toll Free (800) 782-5246

Local Office (501) 228-7111

E-mail Select "Contact Us" button on website

Web site address www.qcark.com

HEALTH SAVINGS ACCOUNT

DataPath (DPAS - Data Path Administration Services)

1601 West Park Drive, Suite 9

Little Rock, AR 72204

Local Office (501) 687-6954

Toll Free (877) 685-0655

E-mail ASE@idpas.com

Web site address www.ArkansasHSA.com

PRESCRIPTION COVERAGE

NMHC Rx (National Medical Health Card Rx) replacing AdvancePCS, Eff. 10-1-04
320 Executive Court, Suite 201
Little Rock, AR 72205
Toll Free (800) 880-1188
Web site address www.nmhcrx.com
Click on “contact us” and then go to “Member Services” to send an email message.

NMHC Mail (Mail Order Pharmacy)
PO Box 407096
Ft Lauderdale, FL 33340-7096
Toll Free (800) 881-1966
Web site address www.nmhcmail.com

LIFE INSURANCE

USABLE Life
320 West Capitol, Suite 700
P.O. Box 1650
Little Rock, AR 72203
Toll Free Customer Service (800) 370-5856
Toll Free Life Claims (800) 648-0271
Local Office (501) 375-7200
Web site address www.usablelife.com

**BEHAVIORAL HEALTH, MENTAL HEALTH, SUBSTANCE ABUSE
& StarEAP**

Corphealth / STAR EAP
1701 Centerview Dr., Suite 101
Little Rock, AR 72211
Toll Free 1-866-378-1645
E-mail customerservice@corphealth.com
Website site address www.corphealth.com
On website, click “Members” and go to Member’s Login.
Use Username: STAREAP and Password: STAREAP

GENERAL BENEFIT INFORMATION AND ASSISTANCE

Employee Benefits Division (EBD)

(Mailing address)
P.O. Box 15610
Little Rock, AR 72231

(Physical address)
1515 West 7th, Suite 300
Little Rock, AR 72201



Phone Numbers

Toll Free (877) 815-1017
Local Office (501) 682-9656

Online

Public site address www.arkansas.gov/dfa/ebd
ARBenefits system www.ARBenefits.org
General E-mail Address AskEBD@dfa.state.ar.us
ARBenefits Online Technical Support E-mail Address EBDtech@dfa.state.ar.us

What Are My Choices?

Plan Overview

1. Health Maintenance Organization (HMO) *offered by*

- * QualChoice of Arkansas
- * Health Advantage
- * NovaSys Health

(Benefits are the same no matter which carrier is selected.)

Participants must select an in-network Primary Care Physician (PCP) to oversee all care.

Out-of-network physician visits or services are not covered.

No deductibles to meet.

\$20 co-pay for PCP visit

\$25 co-pay for in-network Specialist visit

\$100 co-pay for outpatient treatment or surgery with 10% co-insurance for lab work

OUT-OF-POCKET maximums are \$1,000 per person or \$1,500 per family, not including co-pays. Some services such as lab work, home health visits, therapy sessions, etc. carry a 10% co-insurance. The out-of-pocket maximum is reached by the sum of those co-insurance amounts within the Plan year. When the out-of-pocket maximum is reached, no further co-insurance amounts will be required that year. Co-pays will still be charged.

2. Point of Service (POS) *offered by*

- * QualChoice of Arkansas
- * Health Advantage
- * NovaSys Health

(Benefits are the same no matter which carrier is selected.)

POS plan has the same benefit structure as HMO plan when in-network and PCP services are rendered (same co-pay and out-of-pocket maximums listed in HMO description above).

Unlike the HMO plan, the POS plan allows out-of-network physician visits and hospital visits. Those services are subject to deductibles and 30% co-insurance similar to the PPO plan (described in the PPO section below).

OUT-OF-POCKET LIMIT after copays:

In-network - \$1,000 per person and \$1,500 per family

Out-of-network - \$4,000 per person and \$8,000 per family



3. Preferred Provider Organization (PPO) offered by

- * **Blue Cross Blue Shield of Arkansas**
- * **NovaSys Health**

The PPO plan offers the greatest number of in-network physicians and hospitals but deductibles do apply before any benefits are paid:

In-Network - \$500 individual deductible, \$1,000 per family

Out-of-Network - \$750 individual deductible, \$1,500 per family

OUT-OF-POCKET LIMIT after deductible and co-pays:

In-Network - \$2,000 per person and \$4,000 per family

Out-of-Network - \$2,500 per person and \$5,000 per family

The majority of in-network services are covered at 80% by Plan, 20% by member after deductible. Majority of out-of-network services are paid at 70% of health plan's maximum allowable, not 70% of billed charges. If provider does not accept maximum allowable, the member is responsible for the difference plus the remaining 30%.

4. Health Savings Account

Preferred Provider Organization (HSA PPO) offered by

- * **NovaSys Health**

The HSA PPO offers a wide variety of in-network physicians and hospitals but a high deductible does apply before any benefits are paid. Also, participation in a separate Health Savings Account (HSA) is required with a minimum monthly contribution of \$20. Please see additional HSA details in this manual.

Deductible (same for In and Out-of-Network Services):

\$1,500 deductible for Individual Coverage

\$3,000 deductible for Employee & Spouse, Employee & Children, and Family Coverage.*

(*The entire \$3,000 deductible must be met by one or a combination of family members before any benefits are paid. Individuals within a family plan do not have a \$1,500 individual deductible.)

OUT-OF-POCKET LIMIT after deductible is:

In-Network - \$2,500 per person and \$5,000 per family.

Out-of-Network - \$5,000 per person and \$10,000 per family.

The pharmacy benefit for participants in this Plan requires a plan year \$50 front-end deductible (for each family member) which does not apply to the deductible listed above. After the \$50 deductible is met, the usual pharmacy co-pay structure applies. Pharmacy co-pay payments do not apply toward the health plan deductible but are reimbursable under the Health Savings Account.

Please refer to the Summary Plan Descriptions, available from EBD or online, for more details. Also see maps in this section indicating in-network hospitals for each provider. Please refer to carrier websites or customer service centers for the most current provider information.

HEALTH SAVINGS ACCOUNTS ...

Your Newest Choice in Health Care

The Medicare bill that was signed by President Bush in December 2003 created an exciting new program called Health Savings Accounts, or HSA. An HSA is a personal savings account, owned by the individual, which can pay for medical expenses when they occur. An HSA empowers an individual with the tools to become a better health care consumer.

In order to take advantage of the HSA, you must be a member of the HSA PPO offered by NovaSys Health. This insurance plan has a higher deductible than the other insurance options but offers you lower monthly premiums and access to an HSA. There are many benefits to an HSA, but the best part is the significant tax savings offered through this plan. With an HSA, you can make contributions to the HSA, earn interest, and make withdrawals from the HSA, all Tax-Free.

The Benefits of a Health Savings Account

An individual who is 65 years of age or older may not participate in the HSA PPO and therefore cannot participate in an HSA.

- ◆ You can make monthly contributions via bank draft. This can be pre-taxed.
- ◆ Portability – You own your account, so when you retire or change jobs, your HSA goes with you.
- ◆ Affordable Health Coverage – You can use your Health Savings Account to cover 100% of the cost of routine medical expenses, office visits, lab tests, and over-the-counter drugs. The HSA can also be used for dental, vision or prescription medication as well.
- ◆ No “Use-it or Lose-it” – Contributions to your HSA that are not used this year, roll over year-after-year.
- ◆ Reduced Insurance Premiums – The rates for the HSA / PPO are the least expensive of any plan offered this year. This should not be the only reason to choose the HSA / PPO, but reducing the monthly premiums can provide you with a greater opportunity to save.
- ◆ Long-Term Savings – Because your funds can roll over from year to year, you can let your account grow and earn interest tax-free.
- ◆ Easy Access – The funds in your HSA can be withdrawn at any time for any reason. Distributions due to a qualified medical expense are tax-free whereas other distributions are subject to income and a 10% excise tax.
- ◆ Catch up Contributions – Individuals who are 55 or older can make an additional annual contribution of \$500. This will help your nest egg to get started on the right foot.
- ◆ Coverage for the “Extras” – You can also use your HSA to pay for expenses not usually covered by health plans, including dental, vision, long-term care insurance, and much more.

Here is how an HSA works:

1. First, you must sign up for the specially designed insurance program called the HSA PPO offered by NovaSys Health.
2. Then, you make monthly contributions to your HSA. Each participant is required to contribute at least \$20 a month through bank draft to the HSA. You may also make additional post-tax contributions to your account at any time. You can choose the contribution amount that is right for you and can contribute up to the maximum each year. The tier level you elect determines the contribution limit and it is based on the deductible amount for that tier. A person electing Employee Only can contribute up to \$1,500 a year, while a person electing Employee & Spouse, Employee & Child(ren) or Employee & Family coverage can contribute up to \$3,000 a year.
3. Finally, as you or your family members incur medical expenses, simply withdraw the money from your account. This can be done electronically through the Internet, or by submitting a paper form to DataPath Administrative Services (DPAS), your HSA Administrator.

Other Items to Consider:

The Health Savings Account regulations define an “eligible individual” as someone being covered by a qualified high deductible health plan (NovaSys HSA PPO is a qualified health plan) and not covered by any other health plan that is not a high deductible health plan, and which provides coverage for any benefit covered by the high deductible health plan. For further clarification of this definition, go to www.ArkansasHSA.com or e-mail the HSA administrator at ASE@idpas.com.

Generally speaking, an individual who is 65 years of age or older may not participate in the HSA / PPO and, therefore, cannot participate in an HSA. If an individual is 65 or older and still actively working, contact DataPath to see if you are eligible to participate in this plan.

Please note that the State of Arkansas is paying your HSA administration fees for you. However, because an HSA is similar to a regular bank account, certain bank fees will apply. These fees, including a one-time set-up fee and a monthly custodian fee, are currently being negotiated at a discounted rate for state employees.

If the HSA PPO plan is selected, a Salary Reduction Agreement (SRA) form is also required in addition to completing an Enrollment form. The SRA is available at www.ArkansasHSA.com and also at www.ARBenefits.org, or by calling DataPath at the numbers listed on page 8.

<p>Notice: The HSA PPO plan is not for everyone; do not select it just because it carries a lower premium. Be sure to evaluate this benefit plan carefully and call DataPath at 1-877-685-0655 or go to the website, www.ArkansasHSA.com for complete details on how this benefit plan works.</p>

What Does Each Plan Cover?

Summary of Most Frequently Used Services

Important Note: The only out-of-network services covered under the pure HMO plans are emergency services and insurance company authorized referrals. The Point of Service (POS) out-of-network reimbursement of the health plan to the provider is 70% of the health plan's approved charges, not of the provider or facility's billed charges. For a more detailed explanation of what each plan covers and what is excluded, please refer to that plan's Summary Plan Description booklet, available from EBD.

PLAN HIGHLIGHT 2005	PPO PLAN		HMO & POS PLAN		HSA PPO	
	IN NETWORK	OUT-OF NETWORK	IN NETWORK	POS OUT-OF NETWORK	IN NETWORK	OUT-OF NETWORK
Deductible (first dollar out-of-pocket per plan year)	\$500 per person \$1,000**** per family	\$750 per person \$1,500**** per family	\$0	\$500 per person \$1,000**** per family	\$1,500 per person \$3,000 per family	\$1,500 per person \$3,000 per family
Coinsurance/Copayment	20% after deductible	30% after deductible	Per office visit: \$20 PCP \$25 Specialist	30% after deductible of maximum allowable amount	20% after deductible	30% after deductible
Out-of-Pocket Limit (after deductible co-pays)	\$2,000 per person \$4,000**** per family	\$2,500 per person \$5,000**** per family	\$1,000 per person \$1,500**** per family	\$4,000 per person \$8,000**** per family	\$2,500 per person \$5,000 per family	\$5,000 per person \$10,000 per family
Physician Services	20% Coinsurance	30% Coinsurance	Per office visit: \$20 PCP \$25 Specialist	30% Coinsurance of maximum allowable	20% Coinsurance	30% Coinsurance
Inpatient	20% Coinsurance	30% Coinsurance	10% Coinsurance	30% Coinsurance	20% Coinsurance	30% Coinsurance
Outpatient Diagnostic Services	20% Coinsurance	30% Coinsurance	10% Coinsurance	30% Coinsurance of maximum allowable	20% Coinsurance	30% Coinsurance
Outpatient Diagnostic Surgical Facility	20% Coinsurance	30% Coinsurance	100% coverage after \$100 co-pay	30% Coinsurance of maximum allowable	20% Coinsurance	30% Coinsurance
Diagnostic Testing (Lab and X-Ray)	20% Coinsurance	30% Coinsurance	10% Coinsurance	30% Coinsurance	20% Coinsurance	30% Coinsurance
Ambulance \$1,000 annual limit	20% Coinsurance	30% Coinsurance	0% Coinsurance	30% Coinsurance	20% Coinsurance	30% Coinsurance
Inpatient Hospital	20% Coinsurance	30% Coinsurance	\$250 Co-pay + 10% coinsurance per admission with maximum 3 co-pays per member per year	30% Coinsurance of maximum allowable amount	20% Coinsurance	30% Coinsurance

***Out-of-Network benefits apply when you do not visit your PCP or follow the Plan's referral procedures when visiting a specialist or hospital.

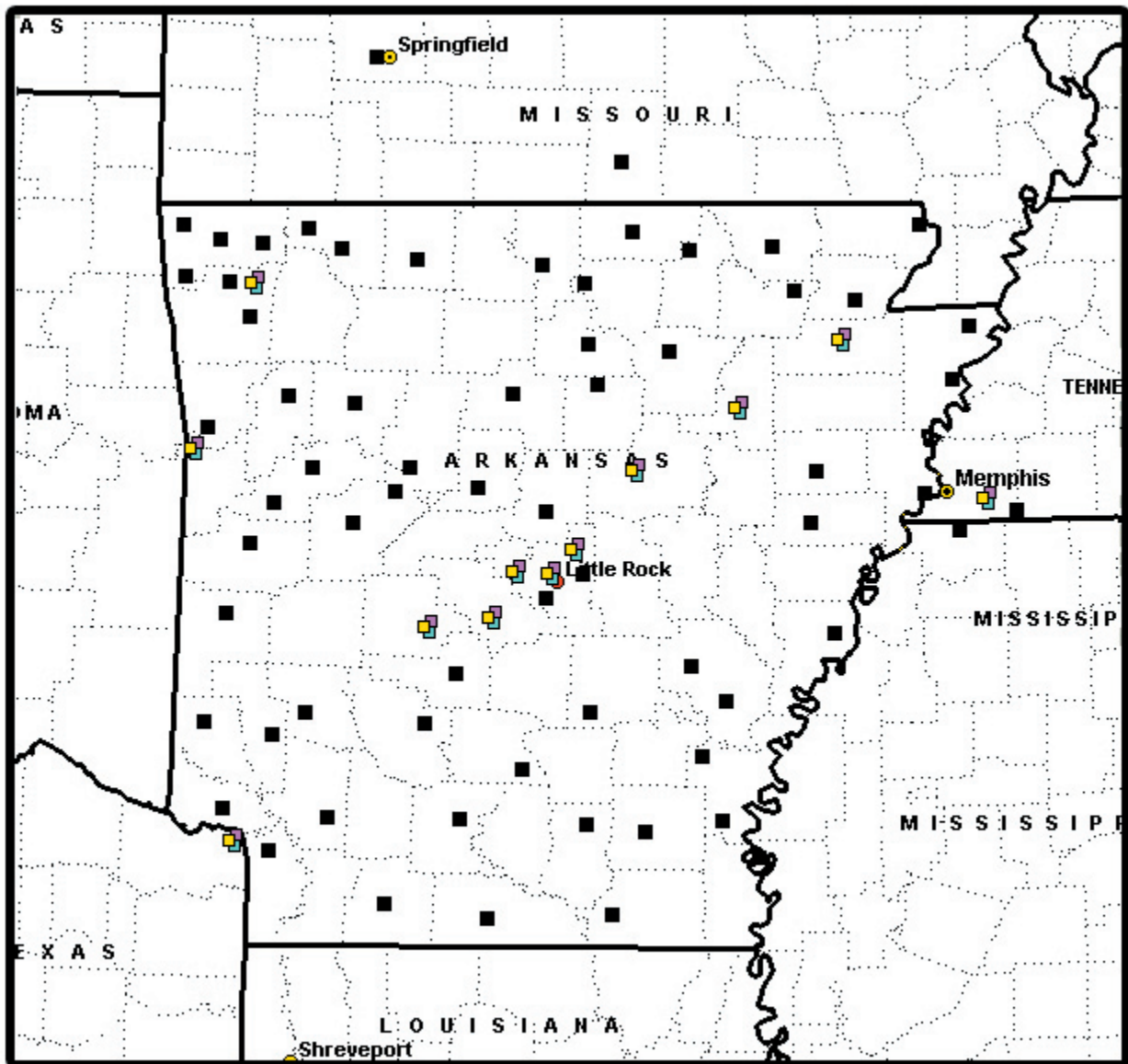
PLAN HIGHLIGHT 2005	PPO PLAN		HMO & POS PLAN		HSA PPO	
	IN NETWORK	OUT-OF NETWORK	IN NETWORK	POS OUT-OF NETWORK	IN NETWORK	OUT-OF NETWORK
Preventative Care: First dollar cover- age with no de- ductible or co-pay	Covered	Not Covered	Covered	Not Covered	Covered	Not Covered
Mental Health / Substance Care / Physician Inpatient & Outpatient	Please refer to page 26	Please refer to page 26	Please refer to page 26	Please refer to page 26	20% Coinsurance	30% Coinsurance
Home Infusion IV drugs and solutions	20% Coinsurance	30% Coinsurance	10% Coinsurance	30% Coinsurance	Covered through Corphealth but subject to Plan deductible and coinsurance	
Emergency Care	20% Coinsurance	20% Coinsurance	\$100 copay + 0% coin- surance, co-pay waived if admitted to same hospital	\$100 co-pay + 0% coinsurance, co-pay waived if admitted to same hospital	20% Coinsurance	30% Coinsurance
Transplants	Must be approved by Plan, then 20% coin- surance	Must be approved by Plan, then 30% coin- surance	Must be approved by Plan, then \$250 co-pay per admission + 0% coinsurance	Not Covered out of network	Must be approved by Plan, then 20% Coin- surance	Not covered out of network
Note: Travel and lodging allowance up to \$10,000 outside service area.						
Durable Medical Equipment Annual Maximum \$10,000	20% Coinsurance	30% Coinsurance	20% Coinsurance	30% Coinsurance	20% Coinsurance	30% Coinsurance
Durable Medical Equipment Repairs	Must be approved by plan	Must be approved by plan	Must be approved by Plan	Must be approved by Plan	Must be approved by Plan	Must be approved by Plan
Physical, Occupa- tional and Speech Therapy, Chiroprac- tic Services and Cardiac Rehabilita- tion	20% Coinsurance	30% Coinsurance	20% Coinsurance	30% Coinsurance	20% Coinsurance	30% Coinsurance
(Limited to 60 combined visits per member per year)						
Allergies	20% Coinsurance	30% Coinsurance	0% Coinsurance for injections \$20 Co-pay PCP \$25 Co-pay Specialist	30% Coinsurance	20% Coinsurance	30% Coinsurance
Home Health Nursing Visits 120 Annual Visits	20% Coinsurance	30% Coinsurance	0% Coinsurance	30% Coinsurance	20% Coinsurance	30% Coinsurance

***Out-of-Network benefits apply when you do not visit your PCP or follow the Plan's referral procedures when visiting a specialist or hospital.

PLAN HIGHLIGHT 2004-2005	PPO PLAN			HMO & POS PLAN			HSA PPO	
	IN NETWORK	OUT-OF NETWORK		IN NETWORK	POS OUT-OF NETWORK**		IN NETWORK	OUT-OF NETWORK
Maternity Benefits	Physician: 20% Coinsurance Hospital: 20% Coinsurance	Physician: 30% Coinsurance Hospital: 30% Coinsurance		Physician: 10% Coinsurance, co- pay for initial office visit Hospital: \$250 co-pay per admission + 10% coinsurance; subject to the inpatient yearly maximums	Physician: 30% Coinsurance Hospital: 30% Coinsurance		Physician: 20% Coinsurance Hospital: 20% Coinsurance	Physician: 30% Coinsurance Hospital: 30% Coinsurance
Maximum Benefits	No Maximum	\$1,000,000		No Maximum	\$1,000,000		No Maximum	\$1,000,000
Ostomy Supplies	10% Coinsurance	30% Coinsurance		10% Coinsurance	30% Coinsurance		10% Coinsurance	30% Coinsurance
Prosthetic	20% Coinsurance	30% Coinsurance		20% Coinsurance	30% Coinsurance		20% Coinsurance	30% Coinsurance
	\$15,000 annual limit							
Pharmacy Benefit through NMHC Rx	\$5.00 Co-pay Prilosec OTC \$10.00 Co-pay Generic \$25.00 Co-pay Preferred Drugs \$50.00 Co-pay Non-preferred Non-covered drugs 100% member responsibility							
	\$50 plan year front-end deductible per person, then copayment schedule at left applies							

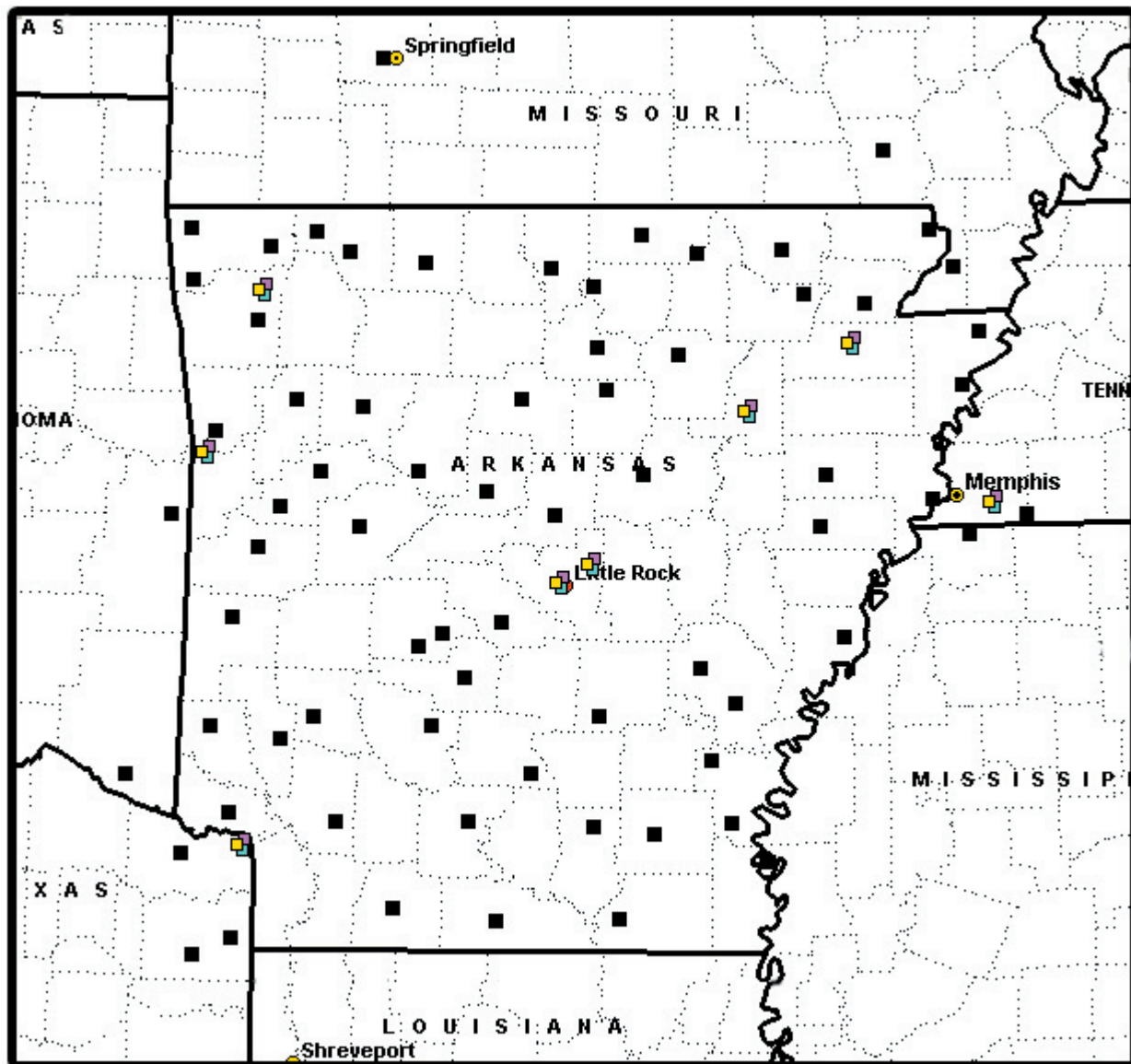
***Out-of-Network benefits apply when you do not visit your PCP or follow the Plan's referral procedures when visiting a specialist or hospital.

Arkansas Blue Cross & Blue Shield Hospital Network



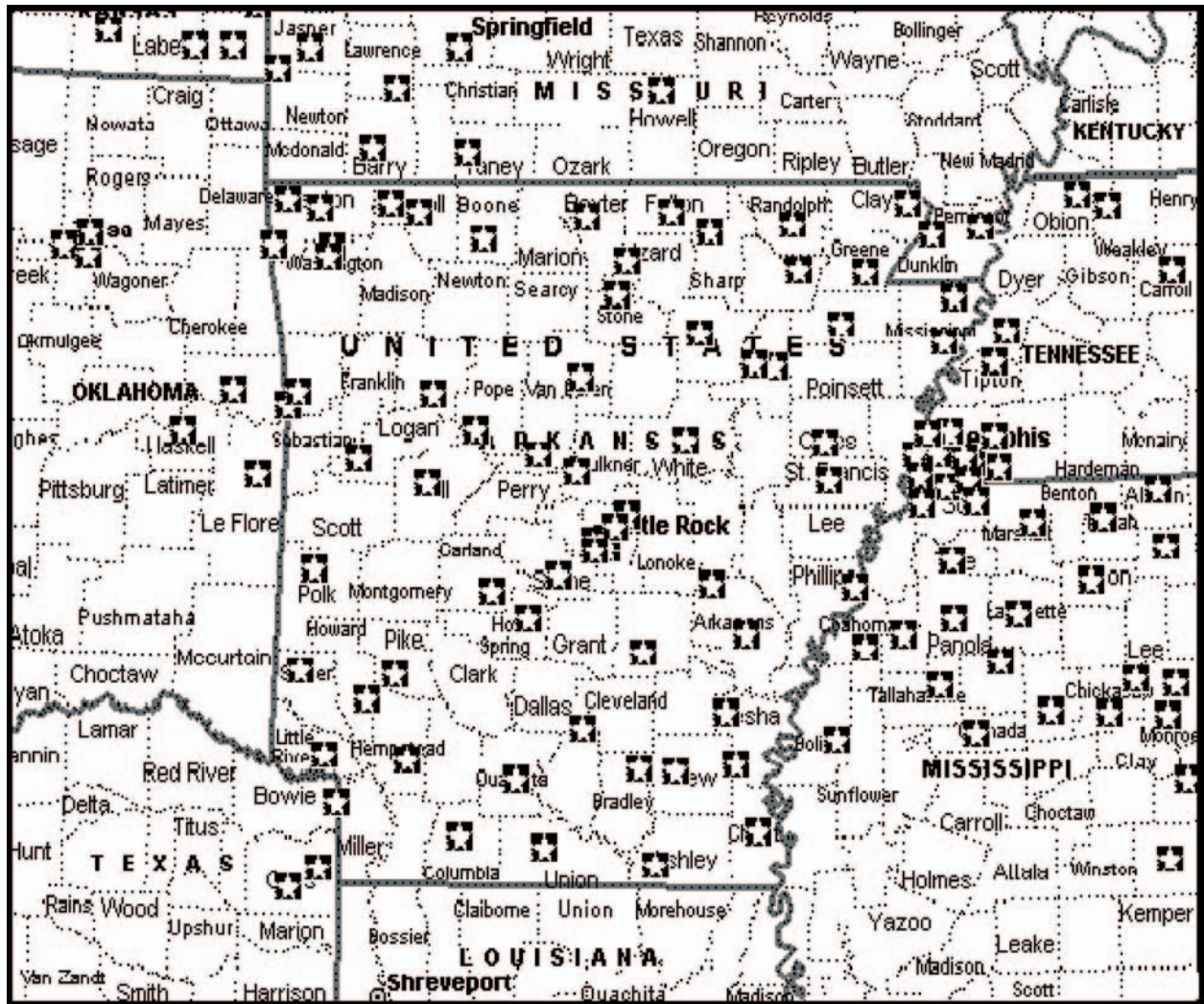
Please refer to the provider website or call their customer service line for the most up-to-date hospital and provider information.

Health Advantage HMO & POS Hospital Network



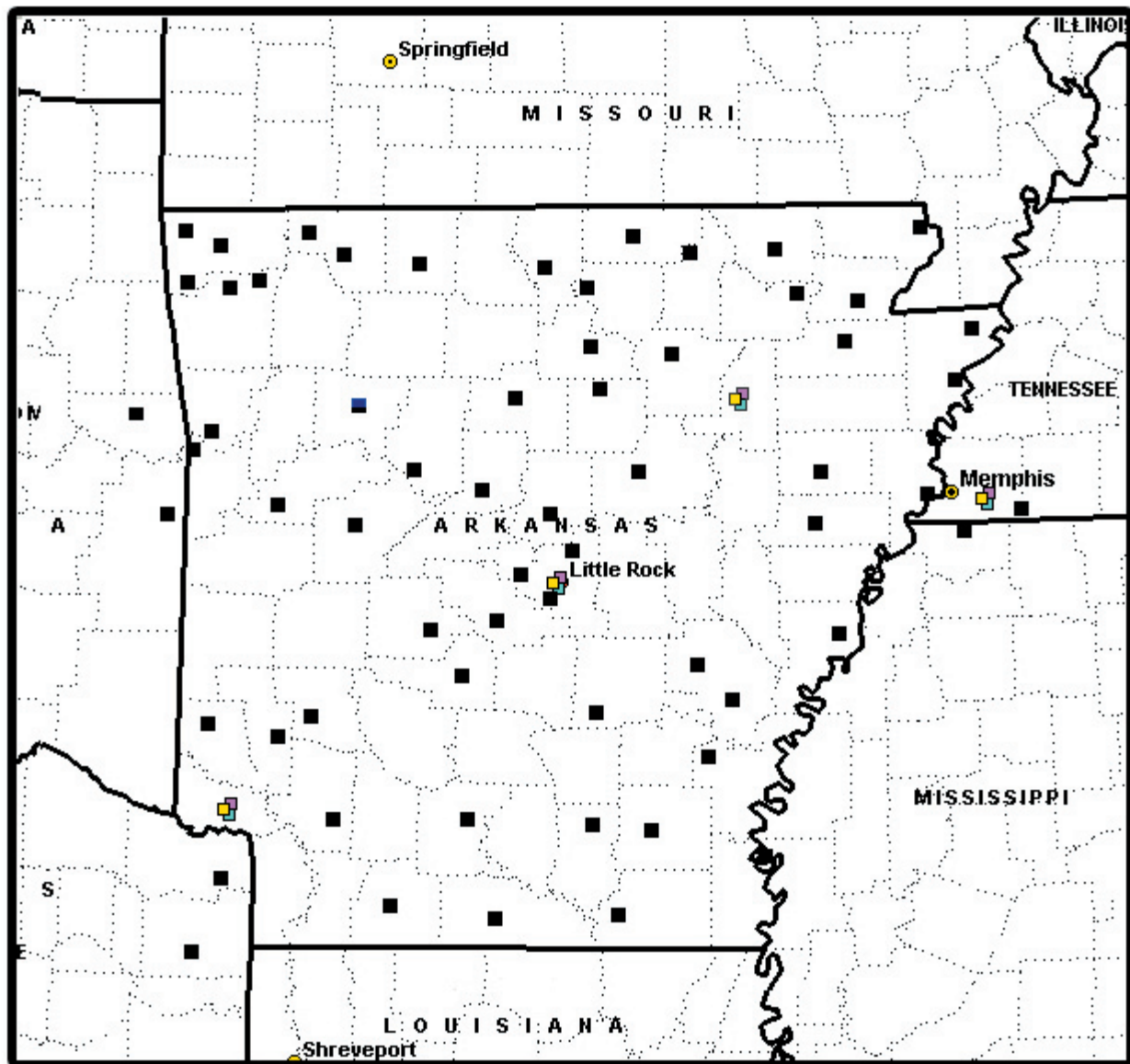
Please refer to the provider website or call their customer service line for the most up-to-date hospital and provider information.

NovaSys HMO, POS & PPO Hospital Network



Please refer to the provider website or call their customer service line for the most up-to-date hospital and provider information.

QualChoice HMO & POS Hospital Network



Please refer to the provider website or call their customer service line for the most up-to-date hospital and provider information.

What Else Comes With Those Plans?

Additional Programs Included With The Health Plans

PRESCRIPTION DRUG PROGRAM

Your prescription drug program is a stand-alone, self-insured plan, which is included with your group health insurance plan and administered by NMHC Rx effective October 1, 2004. New and existing plan enrollees will automatically receive a prescription drug card that offers important savings on your prescribed medication in the HMO, POS and PPO plan. There is a \$50 annual deductible in the NovaSys high deductible HSA plan, then the following copayment structure applies.

The copays for a month's supply of medicine are:

- \$5 for Prilosec OTC
- \$10 for generic drugs
- \$25 for "formulary" brand-name drugs
- \$50 for "non-formulary" brand-name drugs

100% payment for all other drugs not covered by the Plan.

Selecting a Pharmacy

There are thousands of participating pharmacies nationwide and most of your local Arkansas pharmacies will honor your NMHC Rx prescription drug card. For more information about participating pharmacies, including pharmacies in other states, contact NMHC Rx Customer Service at 1-800-880-1188.

Should you find it necessary to fill prescriptions at a non-participating pharmacy, please use the following procedure:

- You must pay the entire cost of the prescription at the point-of-sale because the pharmacy does not recognize our co-pay structure.
- A paper claim must be completed and submitted to NMHC Rx along with receipt from the purchase. That claim form can be obtained at the NMHC Rx website, www.nmhcrx.com.
- NMHC Rx will reimburse you the difference between the contracted drug cost and the regular copay for that prescription (\$5, \$10, \$25, or \$50). NOTE: The contracted price and the retail price are usually different; you will be responsible for that difference. **They will also deduct \$1.25 for processing.**
- **You will save money if you use a participating pharmacy whenever possible.** A complete list is available at www.nmhcrx.com or by calling NMHC Rx customer service at 1-800-880-1188.

Mail Order Pharmacy Program

A mail service prescription benefit is available. Most maintenance medications are available through the mail order provider, NMHC Rx, including insulin and other diabetic supplies. Medications will be filled with a 90-day supply for the cost of three (3) standard retail co-pays. Also, you can receive the same three (3) months supply of maintenance drugs for three (3) co-pays at your local pharmacy. For

more information about the mail service benefit or for a complete list of excluded drugs, please call NMHC Rx at 1-800-881-1966 or visit their website, www.nmhcmail.com.

Managing The Prescription Drug Program

Your prescription drug program is designed to provide the greatest benefit to the entire group of state employees and retirees. This program requires: Prior Authorization (PA) of some medications; Quantity vs. Time (QVT) restrictions are intended to clarify the usual quantity that constitutes a month's supply for particular medications; and, Daily Dose Edits in order to eliminate inappropriate utilizations of medications intended for once daily use. "Step-therapy" is a treatment approach in which more traditional and less expensive medications are encouraged before graduation to newer, more expensive, and more sophisticated medicines. If this criteria is not met, the prescription would be denied and the member may choose to attempt prior authorization. The Formulary (Preferred Drug List) is a dynamic entity that will change at least every three (3) months. As new drugs become available they may be added to the formulary and other drugs may be removed from the formulary as generic drugs become available. Drugs may also be removed from the formulary and replaced by other drugs deemed to be more appropriate for our membership. For more information contact NMHC Rx toll-free at 1-800-880-1188.

Generic Drugs

The generic name of a drug is its chemical name. The brand name is the trade name under which the drug is advertised and sold. By law, generic and brand name drugs must meet the same standards for safety, purity, strength and effectiveness. When you and your doctor authorize generic substitution, it permits the pharmacy to dispense a generic drug. This saves you and your pharmacy program money. Whenever possible, ask your doctor to prescribe generic drugs.

Diabetic supplies are available without a co-pay at your local pharmacy if diabetic medicine is purchased at the same time. If diabetic testing supplies are prescribed by your doctor without a corresponding prescription for diabetic medication, contact EBD.

NMHC Rx Web Site

A custom NMHC Rx website is being developed for our members. The address is www.nmhcrx.com. Members can also obtain information on the mail order pharmacy program through this site.

Free Glucometer Program available October 1, 2004

Health plan members that have been advised by a physician to monitor their blood glucose levels may obtain a free meter by contacting the following companies:

Lifescan (One Touch) 1-888-366-2413 or www.onetouch.orderpoints.com
(Plan name: NMHCRx)

Roche (AccuChek) 1-888-744-3671

Formulary (Preferred Drug List) Changes

The State and Public School Employees Life and Health Insurance Board is the policy making Board for the health and life insurance benefits for state and school employees. The Board has several committees that review benefit design changes and prescription drug coverage. The Clinical Drug Utilization and Evaluation Committee (CDUEC) reviews the drugs to determine the “best drugs” to be placed on our formulary.

The CDUEC is comprised of clinicians, including two physicians, two pharmacists and one nurse. The Board also has a pharmacy consultant; the University of Arkansas, College of Pharmacy. Through this arrangement, the Board has access to over fifty (50) pharmacists at the doctorate level to assist with prescription drug research. The clinical committee (CDUEC) along with the College of Pharmacy is reviewing each therapeutic drug category to make a determination on which drugs are “the best” drugs to go on the formulary (preferred drug) list. If a change is made to the preferred list of drugs, that change has undergone extensive review.

The following formulary changes will go into effect on October 1, 2004:

- **Cozaar and Hyzaar** - these drugs will move to the 3rd tier (\$50 copay) on October 1, 2004 for all new users of these drugs. The committee and the college of pharmacy reviewed the data and determined that **Diovan** and **Diovan HCT** have more FDA approved indications, so they will be added to the 2nd tier (\$25 copay).
- **Vioxx** - this drug will move to the 3rd tier (\$50 copay) but remain under the Step Therapy protocol. Vioxx has side effects of increased blood pressure and edema and the committee determined that Celebrex is a superior product for our health plan members. **Celebrex** will remain on 2nd tier (\$25 copay).
- **Allegra** - this drug will move to the 3rd tier (\$50 copay). This drug is very similar to the over-the-counter **Claritin** and the committee and college of pharmacy determined that **Zyrtec** is a superior drug and it will move to the 2nd tier (\$25 copay).
- **Singulair** - will remain on 2nd tier (\$25 copay); however, the committee will implement a step therapy approach. Health plan members approved for this drug must be asthmatics taking an inhaled corticosteroid and a short acting beta agonist. The pharmacy benefits manager (NMHCRx) will look back in claims history for six (6) months to see if the other two drugs have been used, if not, the Singulair prescription will not be covered. The clinical evidence shows that asthmatics should be taking an inhaled corticosteroid (i.e. Advair Diskus, Flovent, Azmacort, Aerobid-M) and a short acting beta agonist (i.e. Albuterol, Maxair) before Singulair should be approved.
- **Neurontin** - will be covered on the 3rd tier (\$50 copay). The drug manufacturer recently pled guilty to illegally and fraudulently promoting the drug for non approved uses. If you currently take this drug for one of the Food and Drug Administration approved uses (seizure disorder or post herpetic neuralgia), please ask your neurologist or pain management specialist to call for an exception, and this drug may be covered at the \$25 copay.
- **Ambien and Sonata** - will remain on the 2nd tier (\$25 copay); however the plan will limit the dose to 15 tablets a month of either Ambien 10 mg or Sonata 20 mg.

There will likely be other changes to the preferred drug list until all drug categories have been reviewed. The Board and EBD are committed to informing you of the change if it affects you directly. This will give you time to communicate with your physician and determine if a change in your prescription is appropriate in order to get the medicine you need at the lowest possible copay.

LIFE INSURANCE BENEFITS

State employees who retire with Basic Group Life Coverage will have \$10,000 Life/AD&D coverage until age 65. At age 65 this coverage reduces to \$5,000 and at age 70 it reduces to \$4,000.

Any Supplemental Life and AD&D insurance will reduce in half at age 65 and will reduce again at age 70. These changes will be effective the month of the employee's 65th and 70th birthdays.

Note: the Accidental Death and Dismemberment (AD&D) portion of the life insurance benefit terminates at age 75.

The cost for basic retiree life insurance is \$0.56 per \$1000 of coverage.

Coverage Amount	Monthly Cost
\$10,000 Basic and AD&D	\$5.60
\$5,000 Basic and AD&D	\$2.80
\$4,000 Basic and AD&D	\$2.24
\$4,000 Basic (after age 75)	\$2.08

For questions regarding your coverage or claims, you may contact:

USable Life
PO Box 1650
Little Rock, AR 72203

Toll free customer service: 1-800-370-5854
Toll free life claims: 1-800-648-0271

MENTAL and BEHAVIORAL HEALTH BENEFITS

CORPHEALTH coordinates ALL behavioral health care for Arkansas State Health Care enrollees. Your benefit program and network of mental healthcare providers are completely separate from your medical, no matter which medical plan you select. Mental Health and Substance Abuse are included in the Behavioral Health Care Benefit.

You must access your behavioral health care benefit by calling the Arkansas Helpline and a CORPHEALTH network provider must deliver your care.

The benefits include a chemical dependency benefit, also. **You do not have to obtain a referral from your Primary Care Physician to access your mental health or substance abuse benefits.** All contact with Corphealth is strictly confidential.

Access is easy. Simply call the Arkansas Help Line toll-free at 1-866-378-1645 24 hours a day, 365 days a year.

- You'll have immediate access to a professional to help you assess your needs, sort through your options, and find effective resources.
- Pre-certification for mental health and substance abuse treatment.
- Individualized referrals to resources in your community.

Key Things to Remember:

- Always access the benefit by first calling the Arkansas Help Line, 1-866-378-1645.
- **All services require pre-authorization.**
- Information about providers and benefits is available at www.corphealth.com. There will be no benefit for non-CORPHEALTH network providers where the care is not directed by CORPHEALTH, Inc., or is not an emergency.
- Always obtain a referral authorization from your CORPHEALTH case manager by calling the Arkansas Help Line at 1-866-378-1645.

Benefit Description	HMO, POS & PPO		HSA PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Initial Behavioral Health Benefit	Must call Arkansas Help Line at 1-866-378-1645	Not Covered	Must call Arkansas Help Line at 1-866-378-1645	Not Covered
Deductible	\$0 Individual \$0 Family	\$0 Individual \$0 Family	Subject to same deductible as medical plan	Subject to same deductible as medical plan
Copayment for Traditional Out-Patient Services	\$25 co-pay / office visit	\$25 co-pay + 25% coinsurance	20% Coinsurance	30% Coinsurance
Out-of-Pocket Maximum (After co-pays and deductibles)	\$1,000 Individual \$1,500 Family	\$1,250 Individual \$1,875 Family	Same as health plan	
Out-Patient Services (Partial hospital/day treatment)	\$0 co-pay + 25% Coinsurance	\$0 co-pay + 25% Coinsurance	20% Coinsurance	30% Coinsurance
Out-Patient Services (Intensive Outpatient)	\$0 co-pay	\$125 co-pay first visits + 45% Coinsurance	20% Coinsurance	30% Coinsurance
Residential Treatment	10% Coinsurance	35% Coinsurance	20% Coinsurance	30% Coinsurance
In-Patient Services	\$250 co-pay + 10% coinsurance per admission	\$300 co-pay + 35% coinsurance per admission	20% Coinsurance	30% Coinsurance

All mental health or substance abuse services must be pre-authorized by CORPHEALTH prior to receiving care. All mental health and substance abuse claims for care rendered must be submitted to:

**Claims Department
CORPHEALTH, Inc.
1701 Centerview Dr., Suite 101 Little Rock, AR 72211**

Visit the CORPHEALTH web site at www.corphealth.com/members. State of Arkansas Plan Members can access custom plan information by logging in with the user name "STAREAP" and password, "STAREAP" from this page.

Inpatient

For all enrollees receiving inpatient care in an acute, partial hospitalization, residential treatment or intensive outpatient program level of care, the current Health Plan is responsible for managing the care and processing the claim until the enrollee has been discharged from that level of care. You must call CORPHEALTH at 1-866-378-1645 to pre-certify any care that may be necessary after you are discharged from any of the above-mentioned treatment levels.

Please contact the Arkansas Help Line toll-free at 1-866-378-1645 (7 days a week, 24 hours a day) if you have additional questions.

NEW! PREVENTATIVE CARE BENEFIT ENHANCEMENT

Effective January 1, 2005, all of the health plans (HMO, POS, PPO and HSA PPO) will have an expanded preventative health care benefit to include at NO COST annual examinations for adults and dependent children. These services will not be subject to a co-payment or deductible and are available once every plan year for each covered individual on the Plan.

The following criteria must be met to take advantage of this benefit:

1. Use In-Network Physicians – review your health plan’s provider directory for an up-to-date list of participating providers
2. Get the preventative services from the following types of physicians only:
 - Primary Care Physician (PCP)
 - o General Practitioner
 - o Family Practitioner
 - o Pediatrician (for children)
 - o Internal Medicine Physician
 - Obstetrician/Gynecologist (Ob/Gyn)
3. For your information, these are the appropriate billing codes to ensure full payment of these procedures:

Over age 18	CPT Procedure Codes	ICD9 Diagnostic Codes
Annual Preventative Care Visit	99385 through 99387	V72.3, V70 or V7612
	99395 through 99397	V72.3, V70 or V7612
Under age 18	CPT Procedure Codes	ICD9 Diagnostic Codes
Annual Preventative Care Visit	99382 through 99384	V20.2
	99392 through 99394	V20.2
Well Baby Visits	99381, 99391, 99432	V20.2

Other preventative services associated with these visits such as immunizations, cholesterol and HDL screening, cancer screening, and screening mammogram will also be fully covered.

Use of these services and the associated cost to the health plan will not satisfy any portion of the deductible or annual out-of-pocket limit.

What If I'm Just Thinking About Retiring?

Retirement Overview

Upon termination of health coverage through your Agency, you and your dependents are eligible to continue health insurance coverage through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Additionally, if you are eligible for retirement benefits, you may also qualify for continued health and life coverage under your retirement system. Your options are explained in detail below. **The necessary forms must be submitted within 31 days of your retirement date.**

OPTION A – Health and Life Insurance Continuation under Retirement System

If you are eligible for a retirement benefit from one of the participating retirement systems*, you may continue your current health coverage in the retirement group by having the insurance premium deducted from your retirement check. If your check amount is inadequate to cover the insurance premiums, you will be asked to set up a bank draft. Complete the form titled “Arkansas State Employee Payroll Deduction Authorization” (#6200-f-1a) enclosed in this packet. Mail this form to the Employee Benefits Division at the mailing address on this letterhead.

OPTION B – COBRA Continuation ONLY

If you are not eligible for retirement benefits from one of the participating retirement systems* and would like to retain your current health benefits, you may continue your health insurance for a period of 18 months as a COBRA Continuant. If you have not received a COBRA Election Form in the mail within 14 days of your last date of employment, please contact the Employee Benefits Division at the phone number at the top of this letter.

OPTION C – COBRA until retirement benefits begin

If you are eligible for retirement (i.e. have enough years of service) but will not immediately receive a retirement benefit, you may choose health insurance coverage under COBRA for a maximum of 18 months (or until you are eligible to receive a retirement check if within the 18 month period). To enroll under COBRA, please read and complete the COBRA Election form that will be mailed to your home. When your retirement benefit begins, you may change to the retirement group by contacting the Employee Benefits Division. You will not be eligible to reapply for life insurance under this option. Choosing the COBRA option automatically cancels your USABLE life insurance policy. A conversion to an individual policy is not offered in this situation.

OPTION D – COBRA when retirement benefits are available

If you are eligible for retirement benefits from one of the participating retirement systems* when you retire, you may continue your health insurance through COBRA if you so choose. You will receive a bank draft application for monthly deductions that will be remitted to EBD during that period. At the end of your COBRA benefit eligibility period (18 months) you will need to change to the retiree insurance group in order to continue your health insurance. There are two very important factors to consider when choosing this option: 1) You must remain on COBRA and make timely payments for the entire eligibility period to be eligible to begin insurance through the retirement system when COBRA coverage ends, and 2) You will lose all group term life insurance permanently.

OPTION E – Waiver of Enrollment
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If you do not wish to continue the Health Insurance coverage at all, please complete the waiver options on the Enrollment Form (#6000-f-1a) or the Retiree Enrollment Form (#6000-f-1c). Once completed, that form should be given directly to EBD.

If you have any questions about the above options, please contact the Employee Benefits Division. The telephone number is listed on this letterhead and the enclosed forms. If you have questions regarding your benefit status at the time of your retirement or coverage termination, please contact your Agency Insurance Representative.

NOTE: It is the responsibility of the employee to notify the Employee Benefits Division at least two (2) months before COBRA expires in order to make arrangements to change to the group health insurance program as a retiree.

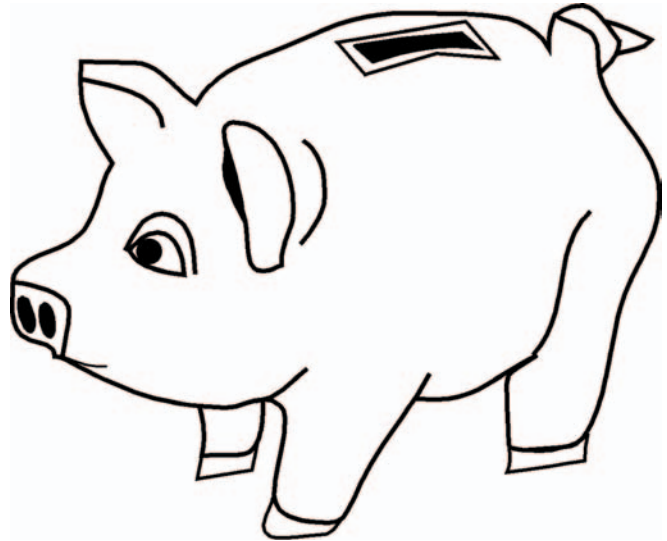
*** Participating Retirement Systems are: Arkansas Public Employees Retirement System, Arkansas Teacher Retirement System, Judicial Retirement System, Arkansas Highway and Transportation Department Retirement System, and Alternative Retirement System.**

This procedure is effective March 2004 and supercedes all previous instructions.

How Much Will This Cost Me?

Rates for the 2005 Plan Year

- Retirees Not Medicare Primary
- Retirees Medicare Primary
- COBRA



State Retirees not Medicare Primary Rates

January 1, 2005 Self-Insured Premium Rates
Based on State Contribution of \$280 per Budgeted Position plus \$12.0 Million from Trust Fund Reserve

	Total Monthly Premium	State Contribution	Total Monthly Retiree Cost	*HSA Mandatory Contribution	*HSA PPO Total Monthly Retiree Cost
RETIREE ONLY					
BCBS PPO	\$696.52	(\$194.12)	\$502.40		
NovaSys PPO	\$696.00	(\$194.12)	\$501.88		
Health Advantage POS	\$473.62	(\$194.12)	\$279.50		
NovaSys POS	\$473.12	(\$194.12)	\$279.00		
QualChoice POS	\$468.42	(\$194.12)	\$274.30		
Health Advantage HMO	\$460.88	(\$194.12)	\$266.76		
NovaSys HMO	\$460.38	(\$194.12)	\$266.26		
QualChoice HMO	\$440.48	(\$194.12)	\$246.36		
NovaSys HSA PPO	\$404.54	(\$194.12)	\$210.42	\$20.00	\$230.42
RETIREE & SPOUSE					
BCBS PPO	\$1,392.78	(\$342.16)	\$1,050.62		
NovaSys PPO	\$1,392.28	(\$342.16)	\$1,050.12		
Health Advantage POS	\$947.00	(\$342.16)	\$604.84		
NovaSys POS	\$946.50	(\$342.16)	\$604.34		
QualChoice POS	\$936.56	(\$342.16)	\$594.40		
Health Advantage HMO	\$921.52	(\$342.16)	\$579.36		
NovaSys HMO	\$921.02	(\$342.16)	\$578.86		
QualChoice HMO	\$880.72	(\$342.16)	\$538.56		
NovaSys HSA PPO	\$800.88	(\$342.16)	\$458.72	\$20.00	\$478.72
RETIREE & CHILD(REN)					
BCBS PPO	\$1,083.57	(\$295.53)	\$788.04		
NovaSys PPO	\$1,083.07	(\$295.53)	\$787.54		
Health Advantage POS	\$726.93	(\$295.53)	\$431.40		
NovaSys POS	\$726.43	(\$295.53)	\$430.90		
QualChoice POS	\$718.59	(\$295.53)	\$423.06		
Health Advantage HMO	\$706.53	(\$295.53)	\$411.00		
NovaSys HMO	\$706.03	(\$295.53)	\$410.50		
QualChoice HMO	\$673.89	(\$295.53)	\$378.36		
NovaSys HSA PPO	\$615.91	(\$295.53)	\$320.38	\$20.00	\$340.38
RETIREE & FAMILY					
BCBS PPO	\$2,025.38	(\$531.76)	\$1,493.62		
NovaSys PPO	\$2,024.88	(\$531.76)	\$1,493.12		
Health Advantage POS	\$1,356.76	(\$531.76)	\$825.00		
NovaSys POS	\$1,356.26	(\$531.76)	\$824.50		
QualChoice POS	\$1,341.12	(\$531.76)	\$809.36		
Health Advantage HMO	\$1,318.54	(\$531.76)	\$786.78		
NovaSys HMO	\$1,318.02	(\$531.76)	\$786.26		
QualChoice HMO	\$1,257.34	(\$531.76)	\$725.58		
NovaSys HSA PPO	\$1,142.46	(\$531.76)	\$610.70	\$20.00	\$630.70
RETIREE & MEDICARE SPOUSE					
BCBS PPO	\$958.49	(\$210.99)	\$747.50		
NovaSys PPO	\$957.97	(\$210.99)	\$746.98		
Health Advantage POS	\$676.17	(\$210.99)	\$465.18		
NovaSys POS	\$675.67	(\$210.99)	\$464.68		
QualChoice POS	\$669.55	(\$210.99)	\$458.56		
Health Advantage HMO	\$660.03	(\$210.99)	\$449.04		
NovaSys HMO	\$659.53	(\$210.99)	\$448.54		
QualChoice HMO	\$634.19	(\$210.99)	\$423.20		
NovaSys HSA PPO	\$575.89	(\$210.99)	\$364.90	\$20.00	\$384.90
RETIREE & MEDICARE SPOUSE & CHILD(REN)					
BCBS PPO	\$1,117.44	(\$239.76)	\$877.68		
NovaSys PPO	\$1,116.94	(\$239.76)	\$877.18		
Health Advantage POS	\$790.56	(\$239.76)	\$550.80		
NovaSys POS	\$790.06	(\$239.76)	\$550.30		
QualChoice POS	\$782.92	(\$239.76)	\$543.16		
Health Advantage HMO	\$771.86	(\$239.76)	\$532.10		
NovaSys HMO	\$771.36	(\$239.76)	\$531.60		
QualChoice HMO	\$741.96	(\$239.76)	\$502.20		
NovaSys HSA PPO	\$672.12	(\$239.76)	\$432.36	\$20.00	\$452.36

*Participation in the "HSA PPO (High Deductible)" plan and the Health Savings Account (HSA) are tied. A minimum mandatory member contribution of \$20.00 per month to the HSA is required for participation in the NovaSys HSA High Deductible PPO plan. The Health Savings Account must adhere to federal guidelines.

State Retirees Medicare Primary Rates

January 1, 2005 Self-Insured Premium Rates

Based on State Contribution of \$280 per Budgeted Position plus \$12.0 Million from Trust Fund Reserve

	Total Monthly Premium	State Contribution	Total Monthly Retiree Cost
RETIREE MEDICARE ONLY			
BCBS PPO	\$262.22	(\$60.52)	\$201.70
NovaSys PPO	\$261.70	(\$60.52)	\$201.18
Health Advantage POS	\$202.80	(\$60.52)	\$142.28
NovaSys POS	\$202.28	(\$60.52)	\$141.76
QualChoice POS	\$201.40	(\$60.52)	\$140.88
Health Advantage HMO	\$199.40	(\$60.52)	\$138.88
NovaSys HMO	\$198.90	(\$60.52)	\$138.38
QualChoice HMO	\$193.96	(\$60.52)	\$133.44
RETIREE MEDICARE & SPOUSE			
BCBS PPO	\$958.49	(\$210.99)	\$747.50
NovaSys PPO	\$957.97	(\$210.99)	\$746.98
Health Advantage POS	\$676.17	(\$210.99)	\$465.18
NovaSys POS	\$675.67	(\$210.99)	\$464.68
QualChoice POS	\$669.55	(\$210.99)	\$458.56
Health Advantage HMO	\$660.03	(\$210.99)	\$449.04
NovaSys HMO	\$659.53	(\$210.99)	\$448.54
QualChoice HMO	\$634.19	(\$210.99)	\$423.20
RETIREE MEDICARE & CHILD(REN)			
BCBS PPO	\$412.33	(\$124.23)	\$288.10
NovaSys PPO	\$411.81	(\$124.23)	\$287.58
Health Advantage POS	\$308.33	(\$124.23)	\$184.10
NovaSys POS	\$307.83	(\$124.23)	\$183.60
QualChoice POS	\$305.89	(\$124.23)	\$181.66
Health Advantage HMO	\$302.37	(\$124.23)	\$178.14
NovaSys HMO	\$301.87	(\$124.23)	\$177.64
QualChoice HMO	\$292.87	(\$124.23)	\$168.64
RETIREE MEDICARE & SPOUSE & CHILD(REN)			
BCBS PPO	\$1,117.44	(\$239.76)	\$877.68
NovaSys PPO	\$1,116.94	(\$239.76)	\$877.18
Health Advantage POS	\$790.56	(\$239.76)	\$550.80
NovaSys POS	\$790.06	(\$239.76)	\$550.30
QualChoice POS	\$782.92	(\$239.76)	\$543.16
Health Advantage HMO	\$771.86	(\$239.76)	\$532.10
NovaSys HMO	\$771.36	(\$239.76)	\$531.60
QualChoice HMO	\$741.96	(\$239.76)	\$502.20
RETIREE MEDICARE & SPOUSE MEDICARE			
BCBS PPO	\$524.18	(\$117.18)	\$407.00
NovaSys PPO	\$523.66	(\$117.18)	\$406.48
Health Advantage POS	\$405.32	(\$117.18)	\$288.14
NovaSys POS	\$404.82	(\$117.18)	\$287.64
QualChoice POS	\$402.54	(\$117.18)	\$285.36
Health Advantage HMO	\$398.52	(\$117.18)	\$281.34
NovaSys HMO	\$398.02	(\$117.18)	\$280.84
QualChoice HMO	\$387.66	(\$117.18)	\$270.48
RETIREE MEDICARE & SPOUSE MEDICARE & CHILD(REN)			
BCBS PPO	\$703.00	(\$191.92)	\$511.08
NovaSys PPO	\$702.50	(\$191.92)	\$510.58
Health Advantage POS	\$532.12	(\$191.92)	\$340.20
NovaSys POS	\$531.60	(\$191.92)	\$339.68
QualChoice POS	\$528.12	(\$191.92)	\$336.20
Health Advantage HMO	\$522.34	(\$191.92)	\$330.42
NovaSys HMO	\$521.84	(\$191.92)	\$329.92
QualChoice HMO	\$506.70	(\$191.92)	\$314.78

Note: IRS Federal law states that Medicare eligible persons are not eligible for a Health Savings Account (HSA) and under our plan, they are not eligible for the NovaSys HSA PPO plan.

State Employees- COBRA Rates

January 1, 2005 Self-Insured Premium Rates

Based on State Contribution of \$280 per Budgeted Position plus \$12.0 Million from Trust Fund Reserve

	Total Monthly Premium	*HSA Mandatory Contribution	*HSA PPO Total Monthly Premium	Health Cost Survey Survey Completion Employee (or Spouse)	Health Cost Survey Survey Completion Employee and Spouse
EMPLOYEE ONLY					
BCBS PPO	\$479.36			\$469.16	
NovaSys PPO	\$478.85			\$468.65	
Health Advantage POS	\$357.67			\$347.47	
NovaSys POS	\$357.16			\$346.96	
QualChoice POS	\$344.80			\$334.60	
Health Advantage HMO	\$349.76			\$339.56	
NovaSys HMO	\$349.25			\$339.05	
QualChoice HMO	\$332.66			\$322.46	
NovaSys HSA PPO	\$310.91	\$20.00	\$330.91	\$320.71	
EMPLOYEE & SPOUSE					
BCBS PPO	\$1,144.05			\$1,133.85	\$1,123.65
NovaSys PPO	\$1,143.54			\$1,133.34	\$1,123.14
Health Advantage POS	\$852.01			\$841.81	\$831.61
NovaSys POS	\$851.50			\$841.30	\$831.10
QualChoice POS	\$821.10			\$810.90	\$800.70
Health Advantage HMO	\$832.97			\$822.77	\$812.57
NovaSys HMO	\$832.46			\$822.26	\$812.06
QualChoice HMO	\$791.97			\$781.77	\$771.57
NovaSys HSA PPO	\$728.09	\$20.00	\$748.09	\$737.89	\$727.69
EMPLOYEE & CHILD(REN)					
BCBS PPO	\$714.50			\$704.30	
NovaSys PPO	\$713.99			\$703.79	
Health Advantage POS	\$531.98			\$521.78	
NovaSys POS	\$531.45			\$521.25	
QualChoice POS	\$512.66			\$502.46	
Health Advantage HMO	\$520.07			\$509.87	
NovaSys HMO	\$519.56			\$509.36	
QualChoice HMO	\$494.45			\$484.25	
NovaSys HSA PPO	\$457.45	\$20.00	\$477.45	\$467.25	
EMPLOYEE & FAMILY					
BCBS PPO	\$1,267.44			\$1,257.24	\$1,247.04
NovaSys PPO	\$1,266.91			\$1,256.71	\$1,246.51
Health Advantage POS	\$944.96			\$934.76	\$924.56
NovaSys POS	\$944.45			\$934.25	\$924.05
QualChoice POS	\$910.83			\$900.63	\$890.43
Health Advantage HMO	\$923.95			\$913.75	\$903.55
NovaSys HMO	\$923.44			\$913.24	\$903.04
QualChoice HMO	\$878.66			\$868.46	\$858.26
NovaSys HSA PPO	\$806.37	\$20.00	\$826.37	\$816.17	\$805.97

**Participation in the "HSA PPO (High Deductible)" plan and the Health Savings Account (HSA) are tied. A minimum mandatory member contribution of \$20.00 per month to the HSA is required for participation in the NovaSys HSA High Deductible PPO plan. The Health Savings Account must adhere to federal guidelines.*

How Do I Enroll or Change Plans?

Web Self-Service Registration

Online Benefits Enrollment Available at www.ARBenefits.org

In the summer of 2004, EBD implemented a health insurance self service module through a system called “ARBenefits.” This will be the preferred and recommended method of enrollment or change to your Plan during this open enrollment period, October 1st - 31st. Completing this task online is the most efficient way.

The website for online enrollment is:
www.ARBenefits.org.

There are online instructions at www.ARBenefits.org that will prompt you to register for a User ID and password. Once those are received you will have immediate access to complete your enrollment or change for the January 1, 2005 – December 31, 2005 plan year. After this open enrollment period, you will be able to make address and PCP changes through this website.



How Do I Enroll or Change Plans?

Paper Form Instructions

The *State Retiree Enrollment Form* (#6000–f-1c) has been designed especially for use by retired state employees. In the past, retirees have used the active employee enrollment form and tolerated sections of it that did not apply to them. We hope you find this new form to be useful and better suited to your needs.

These instructions will assist you in completing the State Retiree Enrollment Form enclosed in this booklet. When the form is completed, please submit to EBD for processing. The instructions are organized to correspond with the numbered sections of the form.

PLEASE NOTE: Incomplete, illegible or otherwise unclear forms will be returned to you for correction and could possibly cause a delay in processing your enrollment.

1. **Retiree Information:** Please provide the demographic information requested.
 - If you do not wish to enroll in the health benefits, please complete section one (except Primary Care Physician information) and check the box in the heading beside the words “I decline coverage for myself.”
 - Primary Care Physician (PCP) information is only required for members of the HMO or POS plans. Do not list a PCP if you are enrolling in either the PPO or HSA PPO plan. (The health plans no longer require a separate OB/GYN selection).
2. **Dependent Coverage Information:** Please provide complete information for each dependent you wish to enroll on your health plan.
 - If you are married and/or have other dependents but do not wish to enroll them on this health plan, please indicate by checking box beside the words, “I decline coverage for my dependents” in the header of section two.
 - Notice that the first dependent section is for SPOUSE information and subsequent blanks are for other dependents.
 - If dependent(s) is/are age 19 or over, they must be a full-time student to continue on the insurance. Please indicate whether they are a full-time student and provide documentation to EBD.
 - If applicable, please submit court orders for guardianship, court ordered insurance coverage or adoption papers for dependents enrolled under your plan.
 - You may write over the gray words indicating where FIRST NAME, LAST NAME, (Middle Initial) and GENDER are to be written.
 - If you have more dependents than space allows, please attach an additional sheet containing the required information.

3. **I Wish To Enroll In The Following Plan:** Indicate the plan in which you want to enroll and at what level of coverage.
- Please check only ONE box in the HMO, POS, PPO or HSA PPO section to indicate your plan selection. You and your dependents must be on the same plan.
 - But also check the level of coverage you desire (Employee Only, Employee & Spouse, etc.) on the last horizontal box of section three.
 - If you select the HSA PPO, answer the questions below this section to aid in forms processing.
4. **Other Medical Insurance:** In order to aid coordination of benefits with other health plans you carry, please provide complete information in this section.
5. **Please Read Before Signing:** Read entire section then sign and date the form on the lines provided. We suggest you make a copy of this enrollment form for your records. Additional copies of this form may be printed from our website, www.arkansas.gov/dfa/ebd by clicking on the Benefits Library link.



STATE OF ARKANSAS
Department of Finance
and Administration

EBD
Employee Benefits Division
Post Office Box 15610
Little Rock, AR 72231-5610

Phone: (501) 682-9656

Toll Free: (877) 815-1017

Fax: (501) 682-2366

<http://www.state.ar.us/dfa/ebd>

**State Retirees
Enrollment Form**



1. Retiree Information: (please print) <input type="checkbox"/> I decline coverage for myself				
Last Name		First Name	MI	Gender <input type="checkbox"/> Married <input type="checkbox"/> Single
Home Address		City	State	Zip Code
Social Security #:	Date of Birth:	Home #:	Work #:	
†Primary Care Physician:		PCP #	Current patient?	

†Primary Care Physician lines are applicable for HMO and POS enrollees only, not PPO.

Dependents

Dep 1*

Dep 2*

Dep 3*

2. Dependent Coverage Information: <input type="checkbox"/> I decline coverage for my dependents			
FIRST NAME	LAST NAME	MI	GENDER
Social Security #:	Date of Birth:		
†Primary Care Physician:	PCP #	Current patient?	
FIRST NAME	LAST NAME	MI	GENDER
Social Security #:	Date of Birth:		Full time student?**
†Primary Care Physician:	PCP #	Current patient?	
FIRST NAME	LAST NAME	MI	GENDER
Social Security #:	Date of Birth:		Full time student?**
†Primary Care Physician:	PCP #	Current patient?	
FIRST NAME	LAST NAME	MI	GENDER
Social Security #:	Date of Birth:		Full time student?**
†Primary Care Physician:	PCP #	Current patient?	

* Please submit guardianship, court-ordered insurance responsibility or adoption papers on dependents that apply.

**To be completed for dependents 19 and over only. Please submit proof of student status.

3. I Wish To Enroll In The Following Plan:			
H.M.O.	P.O.S.	P.P.O.	*H.S.A. P.P.O.
<input type="checkbox"/> Health Advantage <input type="checkbox"/> NovaSys Health <input type="checkbox"/> QualChoice/QCA	<input type="checkbox"/> Health Advantage <input type="checkbox"/> NovaSys Health <input type="checkbox"/> QualChoice/QCA	<input type="checkbox"/> Ark. Blue Cross & Blue Shield <input type="checkbox"/> NovaSys Health	<input type="checkbox"/> *NovaSys Health (DataPath Salary Reduction Agreement form also required.)
<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Employee & Children	<input type="checkbox"/> Family

*As of the effective date of this plan year, are you eligible to participate in a Health Savings Account? ☐ Yes ☐ No
For clarification see www.ArkansasHSA.com or call 1-877-685-0655.

4. Other Medical Insurance:

1) Will you or any of your family members be continuing any other health insurance? ☐ Yes ☐ No

2) If Yes, what type of coverage? ☐ Medical ☐ Medicare, HIC # _____

If Medicare: Part A Effective Date / / or Part B Eff Date / /

If Medicare: Reason for Coverage: ☐ Over age 65 ☐ Disabled ☐ Kidney Disease

Please make sure EBD and your carrier has a copy of your Medicare card.

If you answered Yes to the question above, complete below: (Use additional paper if necessary)

Covered Person's Name	Coverage Type (single/family)	Effective Date	Policy Holder's Employer

Name/Address/Phone/Policy # of Health Ins Co.:

5. Please Read Before Signing:

I understand and agree that: (1) The information provided on this application is accurate and complete. (2) Any omissions or incorrect statements made by myself or anyone on this application may invalidate my and/or my dependents' coverage. (3) Coverage will become effective only on the date specified by the Insurer after the application has been approved by the Insurer and after the first full premium has been paid. (4) My signature authorizes Coordination of Benefits under this coverage with other insurance I have that is subject to coordination. (5) I hereby authorize deductions from my retirement earnings of any required insurance contribution. (6) By signing this enrollment form, I hereby certify that all the information provided is true and correct.

AUTHORIZATION TO OBTAIN MEDICAL INFORMATION: On behalf of myself and anyone enrolled on or added to this application, I authorize any health care professional or entity to give the health plan/insurer and the employer or any of their designees, any and all records or information pertaining to medical history or services rendered to the health plan/insurer, for any administrative purpose, including evaluation of an application or a claim, and for any analytical or research purpose, including evaluation of an application or a claim. I also authorize on behalf of the health plan/insurer, the use of a Social Security Number for purpose of identification. A photocopy of this authorization will be as valid as the original.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**I understand that if I refuse to apply for coverage at retirement,
that I may not be eligible for coverage at a later date.**

Retiree's Signature: _____

Date: _____

CHANGE FORM INSTRUCTIONS

Making a **change** OTHER THAN changing to a different health plan can be done online (www.ARBenefits.org) or by using the paper version of the *Change Form* (#6000-f-2).

The *Change Form* should be completed and submitted to EBD - Retirement Dept. for the following reasons:

- to add or delete dependents from health insurance plan during open enrollment or during the plan year according to Cafeteria Plan (IRS Section 125) rules which may allow a change in coverage status, i.e., Employee Only, Employee & Spouse, etc.
- to indicate the reason for making a change such as birth of a child, marriage, etc.
- to change mailing address or name

If the intent is to change health plans this can be done online (www.ARBenefits.org) or you may use the paper version of the *Enrollment Form* (#6000-f-1b).

PLEASE NOTE: Incomplete, illegible or otherwise unclear forms will be returned for correction and could possibly cause a delay in processing the change.

The following instructions outline the process for completing the Change Form. The instructions are organized to correspond with the numbered sections of the form. Only use the Change Form for the purpose of making the changes indicated by the bullet points above.

1. **Employee (Retiree) Information:** Please provide the demographic information requested.
 - If not previously provided, please print your email address if you would like benefit updates and information mailed to you as the need arises.
 - Primary Care Physician (PCP) information is only required for members of the HMO or POS plans. Do not list a PCP if you are enrolled in the PPO plan.
2. **Change in Dependent Status:** If you want to add or delete a dependent from the Plan, please provide complete information for each dependent.
 - Write over the gray words indicating where FIRST NAME, LAST NAME, MIDDLE INITIAL (MI) and GENDER are to be written.
 - Please provide Social Security Number of the dependent, date of birth and whether the intent is to ADD or DELETE them from the policy.
 - If dependents are being DELETED from the policy, it is not necessary to indicate Primary Care Physician (PCP), PCP# or Student Status. If you are ADDING a dependent, please complete all of those blanks.

Continued on next page >>

- If dependent(s) is/are age 19 or over, they must be a full-time student at an accredited institution to continue on the insurance. Please indicate whether they are a full-time student and provide documentation to EBD. We have created a Student Status Form (#6000-f-3) for this purpose available on our website, www.arkansas.gov/dfa/ebd by clicking on the Benefits Library link.
 - If applicable, please submit court orders for guardianship, court ordered insurance coverage, or adoption papers for dependents being added to the policy.
 - Please attach additional sheets if it is necessary to add more dependents than space allows. You may either attach another copy of the same form or otherwise provide the information requested.
3. **Change in Coverage:** Please complete this section to make any of the changes listed. Also, please provide us with a reason for the change, along with the appropriate date.
4. **To be Completed by Agency or School District:** Retiree's can skip this section
5. **Employee (Retiree) Signature:** Sign and date the form on the lines provided. We suggest you make a copy of this form for your records. Additional copies of this form may be printed from our website, www.arkansas.gov/dfa/ebd, by clicking on the Benefits Library link.

Send the completed Change Form by October 31, 2004 to:

EBD
P O Box 15610
Little Rock, AR 72231-5610

Changes will go into effect January 1, 2005.



STATE OF ARKANSAS
Department of Finance
and Administration

EBD

Employee Benefits Division
Post Office Box 15610
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Fax: (501) 682-2366

www.state.ar.us/dfa/ebd

Change Form
Status, Name and Address



1. Employee Information: (please print)

Last Name		First Name		MI	<input type="checkbox"/> Married <input type="checkbox"/> Single
Home Address		City	State	Zip Code	
SSN#	Date of Birth:	Home #:	Work #:		
If you would like benefit information sent to you by email, please print your email address:					
Primary Care Physician:		PCP #	Current patient?		

2. Change in Dependent Status (complete this portion if making any changes in dependent status):

FIRST NAME	LAST NAME	MI	GENDER
Social Security #	Date of Birth	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
Primary Care Physician:	PCP #	Full time student?**	
FIRST NAME	LAST NAME	MI	SEX
Social Security #	Date of Birth	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
Primary Care Physician:	PCP #	Full time student?**	
FIRST NAME	LAST NAME	MI	SEX
Social Security #	Date of Birth	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
Primary Care Physician:	PCP #	Full time student?**	

* Please submit guardianship, court-ordered insurance responsibility or adoption papers on dependents that apply.

**For dependents 19 and over only. Please submit proof of student status.

3. Change In Coverage (complete this portion if making any of the following changes):

Change in Status:	Reason for Change:
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Family <input type="checkbox"/> Cancel Coverage	<input type="checkbox"/> Birth - Date: _____ <input type="checkbox"/> Death - Date: _____ <input type="checkbox"/> Divorce - Date: _____ <input type="checkbox"/> Marriage* - Date: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent <input type="checkbox"/> Name <input type="checkbox"/> Address	

* Please attach Marriage License; Maiden Name if applicable

4. To Be Completed By Agency/School District:

Agency/School District Name:	Agency/School District #:
Effective Date of Change:	Employee #:
Representative Signature:	Date:

Employee Signature: _____ Date: _____

Please return this form to:

**Employee Benefits Division
P. O. Box 15610
Little Rock, AR 72231-5610**

I Have A Question

Frequently Asked Questions and Answers

GENERAL

If I change to a new plan during enrollment, will I be subject to pre-existing condition limitations?

No. Therefore, it is not necessary to show proof of prior health insurance coverage upon application or change.

Are the network providers in my current plan remaining the same?

There are frequent changes in every network; therefore, please check the provider directories or – for the latest network information – call the plans or visit their web sites.

Do I have to select the same PCP for my entire family?

No. Each member of your family may select a different primary care physician (PCP). Female plan members under Health Advantage, QualChoice or NovaSys plans can seek gynecological care without a referral if the provider is in that company's network.

What is the difference between a “Pure HMO” and the POS plans offered?

A pure HMO offers no out-of-network benefits except in cases of dire emergency or special pre-authorized out-of-network referrals. An HMO requires a member to obtain a referral from their Primary Care Physician. If referrals are not obtained from the Primary Care Physician the claim will be denied. POS plans offer an HMO benefit when an insured stays in network with a PCP referral, but also offers reduced benefits when the insured seeks specialty services without a referral.

The POS benefit is generally designed for people that want the flexibility to access health care both in-network (with PCP referral) and out-of-network without obtaining a referral

from the Primary Care Physician. The POS benefit allows you to go out-of-network, just remember that 70% of maximum allowable payment is not 70% of billed charges. The POS benefit can be used for members who reside out of state also, because you can use providers that are not in the network. The HMO is not designed for members who live out of state, as there are no benefits outside the network. Most networks are only statewide. There are a few exceptions to that rule if you reside in a border city such as Texarkana, West Memphis, etc. Please contact your specific HMO carrier to determine if networks are available to you in the border cities.

What is a PPO and how does a PPO differ from an HMO and POS?

APPO is most like an Indemnity Plan. In a PPO Plan, a member has a separate deductible and a separate coinsurance for both in and out-of-network services. If the member stays in the statewide PPO network it is likely that the plan will pay a higher reimbursement than if the member accesses care outside the PPO network.

What is the difference between the PPO and the HSA PPO plans?

The deductibles are different and the HSA PPO plan requires participation in a separate HSA account. Also, the pharmacy benefit for the HSA PPO plan participants requires a \$50 plan year pharmacy deductible for each person, then the same \$5, \$10, \$25, and \$50 co-payment structure applies. For the HSA PPO, the mental and behavioral health benefits are subject to the whole plan's deductible before benefits are paid. See the following sections in this manual for more details: What Each Plan Covers, Pharmacy Benefit and Mental/Behavioral Health.

Are my child's immunizations covered?

State mandated immunizations are a covered benefit for children up to age 18. Some adult immunizations are a covered benefit including the flu immunization. See Wellness page in this booklet.

How can my children who are in college IN-STATE access my POS or HMO Plan?

Routine non-emergency medical services are paid according to "in" and "out-of-network" rules. A network provider located in the college town qualifies as "in-network," just like a hometown in-network physician. We recommend your child select a PCP in their college town. Emergency services, regardless of the provider used, are paid "in-network." Charges incurred at a school infirmary are not covered.

How can my children who are in college OUT-OF-STATE access my POS or HMO Plan?

Routine health care benefits for college students out of state will be limited or non-existent and the HMO would be the least favored plan for out-of-state college students. Health care benefits are available in the POS plan, just remember that the POS benefit reimburses at 70% of maximum allowable amount rather than 70% of billed charges after deductible is met. Therefore, for a college student out of state, this plan does provide some limited benefits. Call your health insurance carrier to inquire if a guest membership is available for out-of-state students.

If my PCP pulls out of the network I am enrolled in after the enrollment period, may I change plans?

Plan changes mid-year are rarely allowed. Only in cases of documented lack of access to providers will a mid-year enrollment be permitted. For example, in the event a county loses all of its network providers in a particular plan, a "special" re-enrollment would permit all plan participants in that county to select another plan. The decision to allow a special

enrollment comes from the Employee Benefits Division (EBD).

COBRA PARTICIPANTS

May I change plans if I go on COBRA?

COBRA participants are eligible to change plans at "open enrollment." You cannot change plans in mid-year.

Are the same benefits offered to COBRA participants as to active employees?

COBRA participants have the same pharmacy and medical benefits as active and retired employees. Life insurance is not available to COBRA participants through this health plan. Contact US Able Life for life insurance conversion options.

CORPHEALTH

Do I have a choice of providers?

Yes. There are licensed clinicians (master's level, doctorate level and MDs) throughout the state and you can go to any provider in the Corphealth network, statewide. You can call Corphealth directly or go to their website www.corphealth.com for a current list of providers.

Note: If you require medical care for a mental health problem you must use a hospital in your medical plan's network.

STATE RETIREE FREQUENTLY ASKED QUESTIONS

Who is eligible for retirement health insurance benefits?

- The person was insured or eligible for insurance in the group health insurance plan on the last day actively employed by the State; and
- Meets the requirements to participate under the retirement system's contributory plan or non-contributory plan; and
- Completes an application with **31 days** of retirement. After this 31-day period, a person may not enroll in the group health insurance program unless the person experiences a COBRA event.

What if I take early retirement and do not qualify for retirement benefits?

- You are only eligible to continue the health insurance coverage as a COBRA participant. Once you enroll in COBRA you lose all life insurance benefits and they will not be reinstated. Once your COBRA has ended (18 months) and you are eligible to participate in one of the retirement plans, you may enroll at this time. If your COBRA has ended and you still are not eligible for retirement benefits, you must continue some other coverage (except Medicare) until you become eligible. There cannot be a break in coverage at anytime while you are waiting to become eligible for retirement benefits.

How do I enroll in the retirement health insurance program?

- You must complete an Arkansas State Employee Payroll Deduction Authorization Form and send it to EBD within the 31 day election period. (See enclosed rates for Medicare, Non-Medicare and COBRA.)
- If you are declining coverage at this time, you must complete an Enrollment Form and check the decline coverage box for both you and your dependents if applicable. This form must be sent to EBD within the 31 day election period.

What if I need help completing the Payroll Deduction Authorization and Enrollment Forms?

- Your Agency Insurance Representative will assist you in completing these papers. However, you must submit these forms to EBD no later than 31 days after becoming retired in order to continue your health/life coverage.
- **THIS IS YOUR RESPONSIBILITY.**

What continued health coverage benefits will my covered dependents have should I die?

- Surviving covered dependents of an insured retiree may continue the group health insurance coverage regardless of their option for survivor's benefits. The premiums for this coverage may be deducted from survivor's benefits were applicable. If no survivor's check is due, the surviving covered dependents will pay premiums directly to EBD monthly either by bank draft or personal check.

Who should be notified of the death of a retiree or dependent?

- EBD should be notified immediately upon the death of a retiree or covered dependent so that we can terminate coverage on that member immediately and all health/life carriers notified. At this time we will also initiate the paperwork if there is to be a reduction in premiums.
- Upon notification of the death of a retiree, EBD will send out a Surviving Dependent letter to any covered dependents on the retiree's plan extending the opportunity for them to continue to be covered under the State and Public School Retirement Health Program.

If I am eligible for Medicare, do I have to carry both Part A and Part B as a retiree?

- **YES.** Retirees who are eligible for Medicare must carry Part B (physician). The health insurance carrier will coordinate benefits as if Part B is in force. This means that coverage under government programs, including Medicare, required or provided by any statute unless coordination of benefits with any such program is forbidden by law. Subscribers and Dependents who are eligible for Medicare must have both Part A and B. If a member eligible for Medicare does not have Medicare Part B, the plan will pay as though the member does have Medicare Part B and the member will have full financial responsibility for claims incurred. **NOTE:** The general Medicare Open Enrollment period is from January through March each year for a July 1st effective date. Retirees without Medicare Part B should contact the Social Security Administration about obtaining Part B coverage at 1-800-772-1213. Medicare Part B premiums are monthly and may increase up to 10% for each 12 month period that you could have had Part B but did not sign up for it (there are some special exceptions).

If I am not eligible for Medicare at the time of retirement, but become eligible at a later date, how do I get the reduced premiums?

- You need to send EBD a copy of your Medicare card as soon as you receive it so that we can make the proper adjustments to your account.

What if I find my deductions are not correct? Will I get a refund?

- You need to check your deductions periodically as EBD's policy is to not refund back further than 60 days.

What are the participating retirement systems?

- Arkansas Public Employees Retirement System (APERS)
- Arkansas Teacher Retirement System (ATRS)
- Judicial Retirement System
- Arkansas Highway Retirement System
- Alternative Retirement System

What if my annuity check is not large enough for my insurance premiums?

- EBD will set you up as a Cash Retiree and your premiums will be made either as a bank draft or a monthly personal check to EBD.

What are the retirement insurance eligibility rules?

- Are you participating in one of the five (5) retirement plans – APERS, ATRS, Highway, Judicial or Alternate? If yes,
- To be eligible you must have been participating in the group health insurance coverage, or was eligible to participate in the group health insurance coverage on the last day as an active employee. If yes,
- You must apply within 31 days of becoming an active retiree to participate in the group health insurance program. If the retiree does not want to participate in the group health insurance program, the retiree must sign a Declination Form indicating that the retiree does not wish to participate in the group health program within 31 days of becoming an active retiree.
- If the retiree declines to participate in the group health insurance program, that decision is final.
- **EXCEPTION LOSS OF ELIGIBILITY.** If the retiree is an active retiree and declined coverage from the group health insurance program within thirty-one (31) days of retirement and specified in writing that the reason for the declination of coverage was because he/she (the active retiree) had coverage through another insurance program or group health plan, and later his insurance coverage is terminated because of loss of eligibility, then the retiree and any dependents shall

qualify for coverage in the State sponsored program provided the active retiree applies for coverage within thirty-one (31) days of the loss of eligibility. Examples of when loss of eligibility may occur is termination of employment, decrease in the number of hours worked, marriage, divorce and adoption of a child. An example of when loss of eligibility is not applicable is non-payment of premium and termination for cause. A person may not always lose eligibility for insurance coverage through one of the above-sited circumstances, but frequently they do.

- EBD advises retirees to seriously consider participating in the group health insurance offered to them as an active retiree of one of the five retirement programs. If the retiree declines to participate in group health insurance coverage within 31 days of becoming an active retiree, he must qualify for a loss of eligibility as cited above to become active in the group health insurance program.
- If the retiree is currently employed and the employer offers group health insurance coverage, the retiree may enroll in his current employer plan and drop insurance coverage with the Arkansas State and Public School Employees Group Health Insurance. The retiree may reinstate insurance coverage with the Arkansas State and Public School Employees Group Health Insurance in the future if he/she experiences the loss of eligibility.

When can I make plan changes?

- Yearly Open Enrollment Period (October 1 – 31 to be effective January 1)
- If you are moving out of state and have an HMO, you can change to a POS or to a PPO Plan at the time of relocation.
- The only opportunity for a Retiree to add dependents (other than newly acquired) is if there is a loss of coverage (HIPAA or family status change event).

How are my other benefits affected if I elect to terminate my health insurance through Retirement?

- When you elect to terminate your health coverage, you also lose your pharmacy benefits and any life insurance coverage you may have.

Will I still be covered by life insurance when I retire?

- You can continue your life insurance during retirement.
- If you had life and health coverage at the time of retirement, you must continue health coverage in order to continue your life insurance.
- If you were not covered by health coverage at the time of retirement but had life coverage, you may continue the life coverage without carrying the health coverage.
- You will be responsible for the premium for the basic life coverage (\$10,000) which is paid for by the State as an active employee.
- Age 65, your total life coverage will reduce by ½.
- Age 70, your total life coverage will reduce again by ½, but the basic life coverage will never reduce less than a \$4,000.
- Age 75, Accidental Death and Dismemberment (double indemnity) ends.

Who do I contact to file a life insurance claim if a retiree or dependent dies?

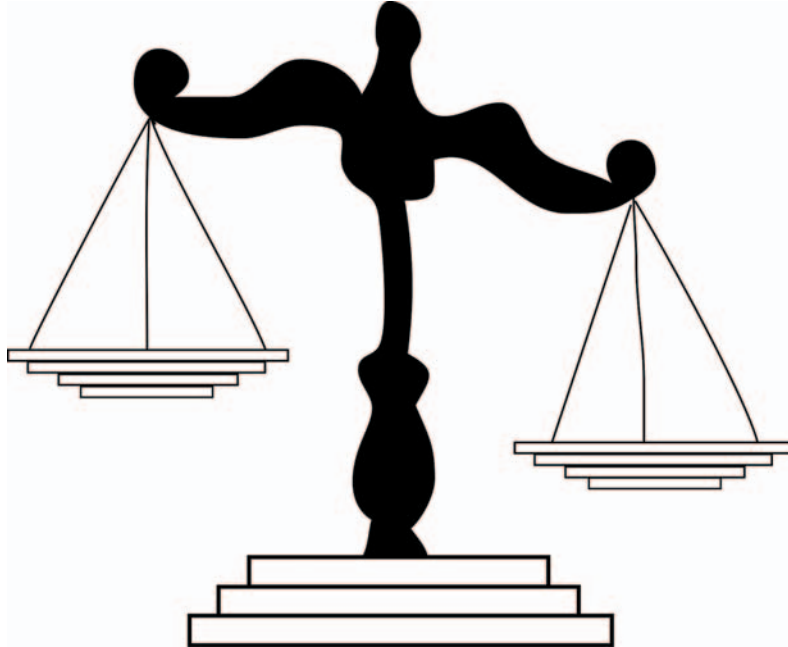
- USABLE Life needs to be contacted directly at 1-800-370-5856.
- If you need to change a beneficiary, please send that information directly to USABLE Life.

If I continue the health coverage plan, will I still be eligible to participate in the prescription drug program?

- Yes, but prescription coverage is not available separately. Health insurance, prescription benefits and mental / behavioral health coverage are all combined.

What Are My Rights?

Health Information Portability and Accountability Act



The following four pages contain the ***Notice of Privacy Practices*** and the ***Authorization for Release of Health Information Form***.

These are for your reference and use as needed.

Notice of Privacy Practices

STATE OF ARKANSAS

Department of Finance & Administration

Employee Benefit Division

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

Employee Benefits Division (EBD) is responsible for managing health benefits for the State of Arkansas and the Public School Employees. As a group health plan, EBD is required to secure the privacy of protected health information. The Notice of Privacy Practices describes the types of information, its uses and disclosures and your rights regarding that information.

“Protected Health information,” (PHI) means information that is individually identifiable and is protected by privacy regulations. For example, information regarding the health care treatment, payment or operations that can identify you or your dependents. This information is obtained from enrollment forms for health care coverage, surveys, health care claims, specialist referrals, your medical records and other sources. You might provide protected health information by telephone, fax, letter or e-mail. Other sources of protected health information include, but are not limited to, health care providers, such as **insurance administrators, network providers, claims processors** (hereafter referred to as business partners or affiliates). **When used with health-related information, any of the following would be considered protected health information:**

- Marital status
- Name, address, and date of birth
- Information regarding dependents
- Other similar information that relates to past, present or future medical care
- Gender
- Social Security Number

Disclosures of protected health information not requiring authorization

The law allows the use and disclosure of protected health information without the authorization of the individual for the purpose of treatment, payment, and/or health care operations, which includes, but is not limited to:

- Treatment of a health condition
- Business planning and development
- Coordination of benefits
- Enrollment into the group health plan
- Eligibility for coverage issues
- Complaint review
- Regulatory review and legal compliance
- Payment for treatment
- Claims administration
- Insurance underwriting
- Premium billing
- Payment of claims
- Appeals review

Uses and disclosures for treatment: Your protected health information will be obtained from or disclosed to health care providers involved in your, or your dependents treatment.

Uses and disclosures for payment: Your protected health information will be obtained from and disclosed to individuals involved in your treatment for purposes of payment. Your protected health information may be shared with persons involved in utilization review, or other claims processing.

Uses and disclosures for health care operations: Your protected health information will be used and disclosed for Plan operations including, but not limited to, underwriting, premium rating, auditing, and business planning. In order to ensure the privacy of your protected health information, EBD has developed privacy policies and procedures. During the normal course of business, EBD may share this information with its business partners or affiliates that have signed a contract specifying their compliance with EBD’s privacy policies.

NOTE: Only the minimum necessary amount of information to complete the tasks listed on the following page will be disclosed.

Disclosures of personal health information requiring authorization

In all situations, other than outlined above, EBD will ask for your authorization to use or disclose your protected health information. EBD will use or disclose information in these circumstances pursuant to the specific purpose contained in your authorization.

- Usually, only the person to whom the protected health information pertains may make authorization.
- In some circumstances, authorization may be obtained from a person representing your interests (such as the case where you may be incapacitated and unable to make an informed authorization) or in emergency situations where authorization would be impractical to obtain.
- Any third party acting as your advocate (for example, a family member, your employer or your elected official) would require an authorization

Forms

Forms may be obtained from EBD, Forms are:

- Authorization for Release of Information
- Revoking Authorization for Release of Information

Your Rights

- You have the right to review and copy your protected health information maintained by EBD. If you require a copy of PHI the first request will be provided to you at no cost. A reasonable fee will be charged for shipping additional or subsequent copies.
- You can request a copy of the Notice of Privacy Practices by EBD.
- You have the right to request an accounting, or list, of non-routine disclosures of your protected health information by EBD as of the compliance date. This request must be made in writing.
- You have the right to request a restriction on the protected health information that may be used and/or disclosed. You have the right to request that communications regarding your protected health information from EBD be made at a certain time or location. This request must be in writing and EBD reserves the right to refuse the restriction.
- You have the right to receive confidential communication of PHI at alternate locations and by alternate means.

If you believe your privacy rights have been violated, you have the right to register a complaint with EBD's Privacy Officer:

EBD Privacy Officer
P.O. Box 15610
Little Rock, AR 72231
(501) 682-9656

Or you can send your complaint to the Secretary of Health and Human Services:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

To e-mail the HHS Secretary or other Department officials, send your message to: HHS.Mail@hhs.gov.

Under the HIPAA regulations and guidelines, there can be no retaliation for filing a complaint.

Changes to Privacy Practices

If EBD changes its privacy policies and procedures, an updated Notice of Privacy Practices will be provided to you. Additional information, additional examples and up-to-date privacy notices are maintained on the EBD website at www.arkansas.gov/dfa/ebd.

This notice became effective on April 14, 2003.



STATE OF ARKANSAS
Department of Finance
and Administration

EBD
Employee Benefits Division
Post Office Box 15610
Little Rock, AR 72231-5610

Phone: (501) 682-9656 Toll Free: (877) 815-1017 Fax: (501) 682-2366 <http://www.state.ar.us/dfa/ebd>

Authorization for Release of Health Information - Retirees

Retiree Name: _____

Retiree Dependent Name: _____

Address: _____

Telephone #: () _____ - _____ SS#: _____ - _____ - _____

I authorize the use or disclosure of the above-named individual's health information as described below:

The following individuals or organizations are authorized to make the disclosure:

State of Arkansas - Employee Benefits Division

The type and amount of information to be used or disclosed is as follows:
(check off appropriate item(s), and include other information, where indicated)

Retirement Department

☐ billing issues related to health or life premiums

☐ life insurance coverage

☐ medical insurance coverage

☐ Medicare information

☐ other: _____

Medical Compliance Department

☐ medical claim issues

☐ pharmacy claim issues

☐ medication list

☐ list of medical problems

☐ list of your medications

☐ medical records from your physician or specialist

☐ medical records from hospitalization

☐ other: _____

☐ Do you have any allergies? If so, please list: _____

This information may be disclosed to, and used by, the following individuals or organizations: (*providers, spouse, friends, etc.*)

Name: _____

Name: _____

Address: _____

Address: _____

See reverse side.

Name: _____

Name: _____

Address: _____

Address: _____

By my signature below, I authorize disclosures to and by EBD.

This information is being disclosed for the following purpose:

I understand that I have the right to revoke this authorization at any time. I understand that in order to revoke this authorization, I must do so in writing and present my written revocation to the EBD Privacy Officer (on the header address.) I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____

If I fail to specify an expiration date, event or condition, this authorization will expire in twelve (12) months from the date of this signing.

I understand that once the information is disclosed pursuant to this authorization, it may be redisclosed by the recipient and the information may be protected by federal privacy regulations.

I understand that I need not sign this form in order to ensure health care treatment, payment enrollment in my health plan, or eligibility for benefits.

Signature of Retiree, Retiree Dependent or Legal Representative

Date

If signed by legal representative or dependent, print relationship to Retiree

Signature of Witness

Date

I understand that the information in my health record may include information relating to sexually transmitted disease, behavioral or mental health services and treatment for alcohol and drug abuse.

Retain a copy for your records and forward a copy to EBD

Complaints And Appeals Process

Overview

HMO and POS Appeals Process

(for Health Advantage, NovaSys and Qualchoice)

Authority of Employee Benefits Division

Employee Benefits Division (EBD) shall have authority and full discretion to decide all questions arising in connection with coverage under the Plan, including interpretation of Plan language, and findings of fact with regard to any such questions.

DEFINITIONS:

Complaint. An expression of dissatisfaction either oral or written.

Appeal. A request to change a previous decision made by the Claims Administrator. Appeal as used in this Attachment A does not include appeals regarding termination of coverage. Appeals for termination of coverage are subject to the appeals procedure set out in Section 4.2.3 of the Summary Plan Description.

HOW TO SUBMIT A COMPLAINT OR APPEAL:

Complaints or Appeals may be submitted in writing to your chosen Claims Administrator.

For Health Advantage:

Health Advantage
P. O. Box 8069
Little Rock, Arkansas 72203.
Attention: Appeals Coordinator

For NovaSys:

NovaSys Health
P. O. Box 25224
Little Rock, Arkansas 72221
Attention: Appeals Coordinator

For QualChoice of Arkansas:

QualChoice of Arkansas
10825 Financial Centre Parkway, Suite 400
Little Rock, Arkansas 72211
Attention: Appeals Coordinator



Members will not suffer any sanctions or penalties resulting from submitting a Complaint or Appeal.

ORAL COMPLAINTS

A Member having a Complaint regarding any aspect of the Claims Administrator may contact a Customer Service Representative specific to the chosen Claims Administrator.

- Health Advantage 800-843-1329
- QualChoice of Arkansas 800-235-7111
- NovaSys Health 888-870-8103

The Customer Service Representative will assist in resolving the matter informally. If the Member is not satisfied with the resolution, a written Complaint may be submitted. A Member is not required to make an oral Complaint prior to submitting a written Complaint.

WRITTEN COMPLAINTS

The Claims Administrators will acknowledge receipt of a written Complaint within seven (7) working days. A thorough investigation of the Complaint will be made and the Member will be mailed a response with resolution. If the Claims Administrator is unable to resolve the written Complaint within thirty (30) working days due to circumstances beyond its control, the member will be provided notice of the reason for the delay before the 30th working day.

HOW TO FILE AN APPEAL

An appeal must be submitted in writing to the chosen Claims Administrator at the previously documented addresses and must identify a specific action or determination of the Claims Administrator for which the Member seeks an appeal. The Claims Administrator will acknowledge receipt of the appeal within seven (7) working days.

The appeal must be made within 180 days from the date of the notice of the Claims Administrator's determination that the Member is appealing. At any stage of the appeal, the Member may designate, by signed written notice to the Claims Administrator, a representative to assist in making the appeal. Any such designation shall constitute authorization for the Claims Administrator to release any information or records regarding the appeal or the Member to the designated representative.

First Level Review

A person or persons not involved in the initial determination will review the appeal. The Claims Administrator may request additional information from the member in order to review the appeal. The Claims Administrator will respond in writing within 30 days after receipt of all pertinent information. If the Claims Administrator is unable to resolve the appeal within 30 working days, the Member will be notified of the delay on or before the 30th working day. The time frame for resolving the appeal shall not exceed 45 working days. If the outcome is adverse to the Member, he/she may appeal to the second level.

Second Level Review

Health Advantage

If a member is not satisfied with the determination received on the first level of appeal, the member may appeal to a Second Level Review Committee. The appeal must be received within 60 days of the notification of denial by the First Level Review. A committee established by Health Advantage shall conduct the second level of review within 30 working days after receipt of the Member's appeal to the second level. The committee shall consist of persons who were not involved in the initial determination or First Level Review; although such person(s) may appear before or communicate with the committee. The committee will meet and make a determination of the Member's appeal. The Member has the right to appear in person, attend via teleconference, or be represented by a person of his/her choice.

NovaSys Health

If a member is not satisfied with the determination received on the first level of appeal, the member may appeal to the Appeals Coordinator II. The appeal must be received, in writing, within sixty (60) days of the notification of denial by the First Level Appeals Coordinator. The Appeals Coordinator II will forward the appeal to NovaSys Health's Appeals Committee, consisting of persons not involved in the initial determination or the First Level Review; although such person(s) may communicate with the committee. The Appeals Committee

will review and make a determination of the Member's appeal within thirty (30) working days after receipt of the Member's Second Level Appeal.

QualChoice

If a member is not satisfied with the determination received on the first level of appeal, a second level appeal may be made in writing to QualChoice. A review of the second level appeal will be conducted within 30 working days after the receipt of the Member's appeal to the second level. The appeal will be reviewed by one of the Plan's Physician Advisors who was not involved in the initial determination or the First Level of appeal; although such person(s) may be communicated with during the review process.

Final Level Review

If the outcome of the Second Level Review is adverse to the member, he/she may appeal to the Plan Administrator. Such appeal should be mailed to: Employee Benefits Division, Attention Appeals, State of Arkansas, Department of Finance and Administration, P.O. Box 15610, Little Rock, AR 72231-5610. The decision of the Plan Administrator will be made within 30 days of receipt of the written appeal and is final and binding on the Plan and the Member.

EXPEDITED APPEAL

An expedited appeal may be requested related to a claim involving urgent or ongoing care. The request may be made by telephone followed by written confirmation or in writing. If a member or someone designated by the Member and acting on behalf of the member requests an expedited appeal the Claims Administrator's Appeals Coordinator will notify the Member or the Member's authorized representative and the member's treating health care professional of the determination of the expedited appeal in accordance with the medical needs of the case and as soon as possible, but in no case later than 72 hours after the Appeals Coordinator receives the expedited appeal.

Authorized Representative

A Member may have one representative and only one representative at a time to assist in submitting a claim or appealing an unfavorable claim determination. An authorized representative shall have the authority to represent the Member in all matters concerning the Members' claim or appeal of a claim determination. If a Member has an Authorized Representative, references to "Member", "Your" or "You" in the plan SPD refer to the Authorized Representative.

Designation of Authorized Representative

One of the following persons may act as a Member's Authorized Representative:

1. An individual designated by the Member in writing. (The Claims Administrator may require this designation be documented on the Claims Administrator's approved form);
2. The treating provider, if the claim is a claim involving urgent care, or if the Member has designated the provider in writing. (The Claims Administrator may require this designation be documented on the company's approved form);
3. A person holding the Member's durable power of attorney;
4. If the Member is incapacitated due to illness or injury, a person appointed as guardian to have care and custody of the Member by a court of competent jurisdiction; or

5. If the Member is a minor, the Member's parent or legal guardian, unless the Company is notified that the Member's claim involves health care services where the authorization of the member's parent or legal guardian is or was not required by law and the Member shall represent himself or herself with respect to the claim.

Term of the Authorized Representative

The authority of an Authorized Representative shall continue for the period specified in the member's appointment of the Authorized Representative or until the member is legally competent to represent himself or herself and notifies the Company in writing that the Authorized Representative is no longer required.

Communication with Authorized Representative

1. If the Authorized Representative represents the Member because the Authorized Representative is the Member's parent or legal guardian or attorney in fact under a durable power of attorney, the Company shall send all correspondence, notices and benefit determinations in connection with the Member's claim to the Authorized Representative.
2. If the Authorized Representative represents the Member in connection with the submission of a pre-service claim, including a claim involving urgent care, or in connection with an appeal, the Company/Carrier shall send all correspondence, notices and benefit determinations in connection with the Member's claim to the Authorized Representative.
3. If the Authorized Representative represents the Member in connection with the submission of a post-service claim, the Company/Carrier will send all correspondence, notices, and benefit determinations in connection with the Member's claim to the Member, but the Company/Carrier will provide copies of such correspondence to the Authorized Representative upon request.
4. The Member understands that it will take the Company/Carrier at least thirty (30) days to notify its personnel about the termination of the Member's Authorized Representative and it is possible that the Company/Carrier may communicate information about the Member to the Authorized Representative during this 30-day period.

PPO & HSA PPO Appeals Process

(for Blue Cross Blue Shield and NovaSys Health)

To Appeal A Claim.

1. If a claim for benefits is denied either in whole or in part, you will receive a notice explaining the reason or reasons for the denial. You may request a review of a denial of benefits for any claim or portion of a claim by sending a written request to the Appeals Coordinator:
 - Arkansas Blue Cross and Blue Shield / A Mutual Insurance Company
Attention: Appeals Coordinator
P.O. Box 2181
Little Rock, Arkansas 72203-2181
 - NovaSys Health
Attention: Appeals Coordinator
P. O. Box 25224
Little Rock, AR 72221

Your request must be made within sixty (60) days after you have been notified of the denial of benefits.

2. In preparing your request for review, you or your duly authorized representative will have the right to examine documents pertinent to your claim. However, medical information can be released to you only upon the written authorization of your Physician. You or your representative may submit, with your request for review, any additional information relevant to your claim and may also submit issues and comments in writing. A complete review will then be made of all information relating to your claim. You will receive a final decision in writing within sixty (60) days after the receipt of your review request, except where special circumstances require extensive review. A final decision will be sent to you after no longer than one hundred twenty (120) days.
3. Subsequent to the determination of the Appeals Coordinator, you can appeal to the Plan Administrator, EBD, Post Office Box 15610, Little Rock, AR 72231.
4. The Plan Administrator acting on behalf of the Plan shall have authority and full discretion to determine all questions arising in connection with your benefits, including but not limited to eligibility, interpretation of Plan language, and findings of fact with regard to any such questions shall be conclusive and binding on the Plan and you subject to the grievance and appeals procedures as outlined in the plan SPD.



STATE OF ARKANSAS

Department of Finance
and Administration

EBD

Employee Benefits Division
Post Office Box 15610
Little Rock, AR 72231-5610

Phone: (501) 682-9656 Toll Free: (877) 815-1017 Fax: (501) 682-2366 <http://www.state.ar.us/dfa/ebd>

Arkansas State Retiree Payroll Deduction Authorization



(Agency Insurance Rep use only:)

Date Sent: _____

Agency Name: _____ Agency Number: _____

I, _____, hereby authorize you to deduct from my retirement check such amounts as necessary to pay the premiums for my health insurance plan. I further authorize you to pay such amounts to the insurance company providing such personal insurance or to its authorized representative. **This authorization remains in effect until you receive notice from me in writing that it has been changed or revoked.**

The retirement system that I participate in is: **(Check *only* one of the following)**

- ☐ Public Employees Retirement System (APERS)
☐ Teacher Retirement System (ATRS)
☐ Judicial Retirement System
☐ Arkansas Highway and Transportation Retirement System
☐ Alternative Retirement System (Valic, etc) _____ (Indicate which system)

Please indicate last date of employment _____

My current health insurance carrier is: **(Check one)**

- | | |
|---|---|
| <input type="checkbox"/> Blue Cross Blue Shield PPO | <input type="checkbox"/> NovaSys HSA PPO* |
| <input type="checkbox"/> Health Advantage HMO | <input type="checkbox"/> NovaSys PPO |
| <input type="checkbox"/> Health Advantage POS | <input type="checkbox"/> NovaSys POS |
| <input type="checkbox"/> QualChoice HMO | <input type="checkbox"/> NovaSys HMO |
| <input type="checkbox"/> QualChoice POS | |

- ☐ Decline Coverage
Reason:

☐ Other Insurance
☐ Medicare Only
☐ No Other Coverage
☐ Tricare

Please refer to rate sheet to determine amount(s) to record:

Monthly Amount	Self	Self/Spouse	Self/	Family
Health Premium				
Basic Life Volume				
Supplemental Life Volume				
Dependent Life Volume				
Total Premium				

If a member is eligible for Medicare and does not have Part B, the plan will pay as though the member does have Part B and the member will have financial responsibility for claims incurred.

If you or your spouse have Medicare Parts A and B, please provide the following information:

Retiree

Medicare HIC # _____
Medicare Part A Effective _____
Medicare Part B Effective _____

Spouse

Medicare HIC # _____
Medicare Part A Effective _____
Medicare Part B Effective _____

Please sign, date and return within 30 days to the address above, attn: Retirement Section

Signature _____ Date _____ SSN _____



STATE OF ARKANSAS

Department of Finance
and Administration

EBD

Employee Benefits Division
Post Office Box 15610
Little Rock, AR 72231-5610

Phone: (501) 682-9656

Toll Free: (877) 815-1017

Fax: (501) 682-2366

http://www.state.ar.us/dfa/ebd

Arkansas State Retiree Payroll Deduction Authorization



(Agency Insurance Rep use only:)

Date Sent: 08-02-04

Agency Name: _____ Agency Number: _____

I, JANE LEE DOE, hereby authorize you to deduct from my retirement check such amounts as necessary to pay the premiums for my health insurance plan. I further authorize you to pay such amounts to the insurance company providing such personal insurance or to its authorized representative. This authorization remains in effect until you receive notice from me in writing that it has been changed or revoked.

The retirement system that I participate in is: (Check only one of the following)

- ☒ Public Employees Retirement System (APERS)
☐ Teacher Retirement System (ATRS)
☐ Judicial Retirement System
☐ Arkansas Highway and Transportation Department System
☐ Alternative Retirement System (_____) (Indicate which system)

Please indicate last date of employment: 07-31-2004

My current health insurance is: (Check one)

- ☒ Blue Cross Blue Shield PPO
☐ Health Advantage HMO
☐ Health Advantage POS
☐ QualChoice HMO
☐ QualChoice POS
☐ NovaSys HSA PPO*
☐ NovaSys PPO
☐ NovaSys POS
☐ NovaSys HMO

- ☐ Decline Coverage
Reason:
☐ Other Insurance
☐ Medicare Only
☐ No Other Coverage
☐ Tricare

Please refer to rate sheet to determine amount(s) to record:

Monthly Amount	Self	Self/Spouse	Self/Children	Family
Health Premium	419.84			
Basic Life Volume 10,000	5.60			
Supplemental Life Volume	0			
Dependent Life Volume	0			
Total Premium	425.44			

If a member is eligible for Medicare and does not have Part B, the plan will pay as though the member does have Part B and the member will have financial responsibility for claims incurred. If you or your spouse have Medicare Parts A and B, please provide the following information:

Retiree

Medicare HIC # _____
Medicare Part A Effective _____
Medicare Part B Effective _____

Spouse

Medicare HIC # _____
Medicare Part A Effective _____
Medicare Part B Effective _____

Please sign, date and return within 30 days to the address above, attn: Retirement Section

Signature Jane Lee Doe Date 8/2/04 SSN 123-12-1234



STATE OF ARKANSAS
**Department of Finance
and Administration**

EBD
Employee Benefits Division
Post Office Box 15610
Little Rock, AR 72231-5610

Phone: (501) 682-9656 Toll Free: (877) 815-1017 Fax: (501) 682-2366 <http://www.state.ar.us/dfa/ebd>

Authorization Agreement for Pre-Authorization Payments



I (we) hereby authorize the Department of Finance and Administration – Employee Benefits Division to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debits in error to our bank account indicated below at the financial institution named below, hereinafter called Depository, to debit and/or credit the same such account.

Depository Name: _____

Address: _____

Routing Number: _____ Type of Account: ☐ Checking
☐ Savings

Total amount to be deducted monthly: _____

This authorization shall remain in effect unless the Employee Benefits Division has received written notification from me (us) of its termination in such time and in such manner as to afford the Employee Benefits Division and Depository a reasonable opportunity to act on it.

Authorization Signer on Account: _____
(Please print name clearly)

Insured's Social Security No.: _____

Signature _____
(Authorized Signer) (Date)

ATTACH A VOIDED CHECK HERE
(DEPOSIT SLIP CANNOT BE USED)

Return this authorization to:
Employee Benefits Division
P.O. Box 15610
Little Rock, AR 72231-5610



STATE OF ARKANSAS

**Department of Finance
and Administration**

EBD

Employee Benefits Division
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Authorization Agreement for Pre-Authorization Payments



I (we) hereby authorize the Department of Finance and Administration – Employee Benefits Division to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debits in error to our bank account indicated below at the financial institution named below, hereinafter called Depository, to debit and/or credit the same such account.

Depository Name: NAME OF BANK

Address: BANK ADDRESS

Routing Number: 00000000 Type of Account: ☐ Checking

☐ Savings

Total amount to be deducted monthly: 125.44

This authorization shall remain in effect unless the Employee Benefits Division has received written notification from me (us) of its termination in such time and in such manner as to afford the Employee Benefits Division and Depository a reasonable opportunity to act on it.

Authorization Signer on Account: JANE LEE DOE
(Please print name clearly)

Insured's Social Security No.: 123-12-1234

Signature: Jane Lee Doe 8/2/04
(Authorized Signer) (Date)

ATTACH A VOIDED CHECK HERE
(DEPOSIT SLIP CANNOT BE USED)

Return this authorization to:
Employee Benefits Division
P.O. Box 15610
Little Rock, AR 72231-5610

NOTES:

[illegible]